



Counseling Ordinary Courage

Live with Meaningful Connection

Eastlake Ave.
Seattle, WA 98102

NOTICE OF PRIVACY PRACTICES HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPPA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW THIS NOTICE CAREFULLY.

Introduction:

Engaging in counseling involves some disclosure of your personal information and your health. In this professional practice, your personal information and your health information will be held in the strictest of confidence. As required by applicable Federal and State of Washington law this practice protects your health information by limiting its uses and disclosures. This notice about my privacy practices, legal obligations, and your rights concerning your health information or “Protected Health Information” is required to be given to you prior to starting treatment. Practitioners at Counseling Ordinary Courage, LLC are obligated to uphold the privacy practices detailed in this Notice, which may be amended on an as needed basis.

I. Uses And Disclosures of Protected Health Information (PHI)

- a. **Permissible Uses and Disclosures Without Your Written Authorization:** I may use and disclose PHI without your written authorization, excluding Psychotherapy Notes and Reports, as described in Section II, for certain purposes described below.
 - i. **Treatment:** I may use and disclose PHI in order to provide treatment to you. I may use PHI to diagnose and provide counseling service to you. In addition, I may disclose PHI to other health care providers involved in your treatment to coordinate and manage your care. This includes clinical supervisors and case consultants who assist in my professional development and are bound to mental health confidentiality laws. I participate in supervision and consultation so that I may provide high quality services for your benefit.
 - ii. **Payment:** I may use your PHI in connection with billing statements I send you and my system for tracking charges and credits to your account.
 - iii. **Health care operations:** I may use and disclose PHI in connection with my health care operations, including accreditation, certification, licensing or credentialing activities. I will notify you in advance of any such disclosure. PHI may be disclosed and used in support of functions of treatment and payment.
 - iv. **Required or permitted by law:** I may use or disclose PHI when I am required or permitted to do so by law, such as in the case of public health reports, abuse and neglect reports, law enforcement reports, or in the following situations:
 1. **Duty to warn:** Your PHI may be disclosed if I determine a need to alert an intended victim of a serious threat to their health. I am obligated to take necessary action to avert a serious threat to the health or safety of others.

2. **Danger to self:** Your PHI may be disclosed if I determine that you may kill or seriously harm yourself. I am obligated to take necessary action to avert a serious threat to your health or safety.
3. **Child or elder abuse or neglect:** Your PHI may be disclosed if you report or I reasonably suspect any child or elder abuse or neglect. I will need to notify Children's Protective Services (CPS), Adult Protective Services, or a law enforcement agency if I gain knowledge that you have physically harmed a child or elderly person.
4. **Court order:** Your PHI may be disclosed if I am presented with a valid subpoena from a court or from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation. This may occur if you have any legal involvement and a judge or law enforcement agency has called me to testify or release records.
5. **Crime against me or within office premises:** Your PHI may be disclosed if you commit or threaten to commit a crime against me or within my office premises. This includes damage to property.
6. **Other disclosures:** Your PHI may be disclosed for public health activities, health oversight activities, including disclosures to State or Federal agencies authorized to access PHI. Your PHI may be disclosed for research when approved by an institutional review board, to military or national security agencies, coroner, medical examiners, and correctional institutions or otherwise as authorized by law. Your PHI may be disclosed to necessary parties involved if you file a legal or administrative claim against me. Your identifying information may be disclosed to debt collection agency personnel if you fail to pay for my professional services by our agreed upon time period. If it becomes necessary to use collection processes due to lack of payment for services, only the minimum amount of PHI necessary for purposes of collection will be disclosed.

b. **Uses and Disclosures Requiring Your Written Authorization:**

- i. **Psychotherapy notes:** Notes recorded by me documenting the contents of a counseling session with you ("Psychotherapy notes") will be used only by me and will not otherwise be used or disclosed without your written authorization.
- ii. **Marketing communications:** I will not use your health information for marketing communications without your written authorization.
- iii. **Payment:** I may not disclose PHI to your insurance company for payment purposes without your written authorization.
- iv. **Other Uses and Disclosures:** Uses and disclosures other than those described in Section I-A above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send PHI to your life insurance company, to a school, to your attorney, or to your health care providers. You may revoke any such authorization at any time.

II. **Client Rights Regarding PHI**

- a. **Right to Inspect and Copy:** You may request access to your medical and/or billing records maintained by my office in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. Otherwise, this information must be released within 15 days. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor

13 years of age or older, please note that certain portions of the minor's medical record will not be accessible to you, such as records relating to mental health treatment (age 13 and older), substance abuse treatment (age 16 and older), sexually transmitted diseases (age 14 and older), or abortions (age 14 and older), unless your minor child has provided written authorization to do so.

- b. **Right to Alternative or Confidential Communications:** You may request, and I will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations. You have the right to request that I communicate with you in a certain way or at a certain location.
- c. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. You may request any such restriction in writing. I am not required to agree to your request.
- d. **Right to Request Amendment:** You have the right to request that I amend your PHI. If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information. Your request must be in writing and it must explain why the information should be amended. I must respond to your request within ten (10) days. I may deny your request under certain circumstances. I am not required to agree to the amendment. In this event, a "Statement of Disagreement," based upon your proposed amendment, must be added to your record.
- e. **Right of Complaint:** If you desire further information about your privacy rights, or you are concerned that I have violated your privacy rights, you may contact the "privacy officer", Taylor Nolan, MS, NCC, LMHCA, by telephone at (202) 798-0559, or in writing at 2722 Eastlake Ave. Suite 300 Seattle, WA 98102. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services, or with the state Department of Health, Health Professions Quality Assurance Division at (360) 236-4900, P.O. Box 47869, Olympia, WA 98504. I will not retaliate against you if you file a complaint with the Department of Health or me.
- f. **Right to Accounting of Disclosures:** You have the right to request a copy of certain required accounting of disclosures that I make of your PHI through a written request. This right applies to disclosures for purposes other than treatment, payment of health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.
- g. **Right to Obtain a Copy of this Notice:** You have the right to a paper copy of this notice. You can do this by submitting a written request to the Privacy Officer, Taylor Nolan, MS, NCC, LMHCA, at any time.

III. Effective Date and Changes to this Notice

- a. **Effective Date:** This Notice is effective on December 6, 2016.
- b. **Changes to this Notice:** I may change the terms of this Notice at any time. If I change this Notice, I may make the new Notice terms effective for PHI that I maintain, including any information created or received prior to issuing the new notice. If I change this Notice, I will inform you, and you may obtain any revised notice by contacting me. The most up to date form will be available on my website at all times.

Contact Information:

If you have any questions about this Notice of Privacy Practices, please contact me:

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