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HIPPA Notice for your records: Protecting Your Privacy Notice

I. How I Use or Disclose Information about you for Treatment, Payment, & Health Care Operations

I may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help shed light on these terms, here are some definitions:

- **Treatment** is when I provide, coordinate or manage your health care and other services related to your health care. This includes, for example, when I consult with another health care provider, such as your family doctor or another psychologist.
- **Payment** is when I receive reimbursement for your healthcare. This includes, for example, when I disclose your PHI to your health insurer to obtain payment for your visits with me or when I provide them with information in order to verify that you are eligible under your health plan and what your coverage includes.
- **Health Care Operations** refers to activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
 - **“Use”** applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
 - **“Disclosure”** applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties.

II. Authorizing Me So I Can Disclose or Use Information

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when you authorize me to do so. An *“authorization”* is written permission that is above and beyond the general consent that permits only specific disclosures. In those instances when I am asked (either by you or others) to share information about you for purposes outside of treatment, payment and health care operations, I will ask you to complete an authorization form giving me permission to do so.

Of course, you may revoke any authorization at any time, provided you tell me in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Situations where Neither Consent nor Authorization is Required

I may be required by state law or permitted to use or disclose information about you without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by Washington State law to report it to the state department of Social and Health Services (Child Protective Services) or to the proper law enforcement agency.
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or sexual or physical assault has occurred of a vulnerable adult, such as an elderly person or someone with a severe developmental disability, I must report it to the Washington Department of Social and Health Services (Adult Protective Services) or to the appropriate law enforcement agency.
- **Health/Government Oversight:** I may be required to provide information to a government agency if that agency requests information from me. This could include disclosures to a public health authority, coroner or medical examiner, military or veterans’ affairs agencies, an agency for national security or intelligence, or law enforcement. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.

- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information and/or records about the professional services that I have provided to you, such information is considered “privileged” under state law. Because of this, I will not release information about you without the written authorization from you or your legal representative. However, I must comply with a subpoena. If I receive a subpoena or court order, I will let you know. Once I have informed you that the court is requesting your record, unless you clearly indicate to me in writing that you are opposing the subpoena/court order, I will comply with the court's request. The privilege does not apply when you are being evaluated for a third party or where the evaluation is mandated or ordered by a court. I will inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** I may, without authorization, disclose your confidential mental health information to any person if I reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.

You have the right to:

- Request restrictions on certain uses and disclosures of information about you. However, I am not required to agree to all restrictions you request.
- Receive confidential communications by alternative means and/or at other specified location. For example, you may not want a family member to know that you are seeing me. So, in that situation, if you ask me, I would send your bills to another address that you specified.
- Inspect and/or receive a copy of the PHI and psychotherapy notes in your records. In some circumstances where it could be harmful to you or another person, I may deny your access to the record. If this happens, you can ask me to explain that decision. If you would like, we can also discuss the details of the request and the denial process.
- Request I amend your PHI for as long as it is maintained in my records. I do have the option to deny your request, but again if I were to do so you can ask me to explain that decision. We also can discuss the details of the amendment process any time you wish.
- Receive an accounting of disclosures I have made of your PHI for which you have neither provided consent nor authorization. Here, too, you always have the right to ask me about the details of that accounting process.
- Refuse treatment or evaluation, change to or request a new mental health professional, and raise questions at any time regarding your treatment, the therapeutic approach and/or the progress of treatment.
- Ask for a paper copy of this notice from me.

My Duties Include:

- I am legally required to maintain the privacy of your PHI. I am also required to provide you with this description (or notice) of my responsibilities and the privacy practices I use in my office that are designed to protect your PHI.
- I do have the right to change the privacy policies and practices described in this notice. However, if you are a current client, I will let you know of any changes before I make them. And until I make a good faith effort to notify you, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures while you are an active client of mine, I will let you know that I have done so either in person, by phone, or by mail.

V. Concerns or Disagreements

If you are concerned that I have somehow disregarded your privacy rights, or if you disagree with a decision I have made about allowing you access to your records, let me know immediately so we can discuss it. If after we have talked about it you still have concerns, you can send a written description of your objection to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, SW, Washington D.C. 20201 or by calling (202)619-0257. I will not retaliate against you for filing a complaint. The effective date of this notice is August 1st, 2012.