



**Joanne Jones, MSW, M.A.**

*Licensed Marriage & Family Therapist*

## HIPAA NOTICE OF PRIVACY PRACTICES

**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.**

As a part of my professional practice, I maintain personal information about you and your health. This notice will inform you of your rights regarding your “protected health information” (PHI). Your PHI includes notes that are created by me as a result of our sessions, insurance information for the purposes of payment, and any information that I receive about you related to your past, present, and future health.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI.

This notice describes your rights regarding, how you may gain access to and control your PHI, and how I may use and disclose it. I am required by law to abide by the terms of this *Notice of Privacy Practices* and reserve the right to change the terms of this notice any time. Any new *Notice of Privacy Practices* will be effective for all PHI I maintain, whether or not you are still in treatment with me. You may request a copy of my revised *Notice of Privacy Practices* at your appointment time, or by leaving a request on my voice mail, or by sending me an email, to receive a copy through the mail.

### **RECORD KEEPING PRACTICES**

Standard practice requires me to keep a record of your treatment. These records include the attendance dates of the sessions, who attended, length of session, payment information, a diagnosis for the insurance billing purposes, treatment plan, and progress notes. I may use or disclose your PHI for treatment, payment, and health care operation purposes.

### **HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

**Treatment.** I may use or disclose your PHI to coordinate or manage your treatment. An example of treatment disclosure would be when I consult with another health care provider or therapist. I may disclose PHI to any other consultant only with your authorization.

**Payment.** I will disclose your PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

**Health Care Operations.** I may use and disclose your PHI for the health care operations of my professional practice in support of the functions of treatment and payment. Such disclosures would be to Business Associates for billing purposes, or quality assurance audits, administrative, legal, or financial services to assist me in my delivery of your health care.

2200 - 112<sup>th</sup> Avenue NE, Suite 120, Bellevue, WA 98004 • (425) 455-9907 • [joanne@joannestherapy.com](mailto:joanne@joannestherapy.com)

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**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** I may use and disclose PHI to contact you to remind you that you have an appointment with me. I also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

### **USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION**

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations.

**As Required by Law.** I will disclose PHI when required to do so by international, federal, state or local law. Examples of this would be court orders, reporting child abuse, reporting to adult protective services, etc.

**Child Abuse or Neglect.** If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.

**Adult Abuse or Neglect.** If I have reasonable cause to believe that abandonment, sexual or physical abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must report the abuse to the Washington Department of Social and Health Services.

**Threat to Health or Safety.** I may disclose your PHI if I believe you are likely to do harm to yourself or to another person.

**Criminal Activity.** I may disclose your PHI to law enforcement officials if you have committed a crime on my premises or to me.

**Business Associates.** I may disclose your PHI to business associates with whom I contract to administer billing and/or legal services. My contract with them requires them to safeguard the privacy of your information.

**Compulsory Process.** I will disclose your PHI if a court of competent jurisdiction issues an appropriate order. I will disclose your PHI if you and I have been notified in writing at least fourteen days in advance of a subpoena or other legal demand, and no protective order has been obtained, and I have satisfactory assurances that you have received notice of an opportunity to have limited or quashed the discovery demand.

**Military and Veterans.** If you are a member of the armed forces, I may release PHI as required by military command authorities. I also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation.** I may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

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**Public Health Risks.** If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

**Health Oversight Activities.** I may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Data Breach Notification Purposes.** I may use or disclose your Protected PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, I may disclose PHI in response to a court or administrative order. I also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** I may release PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Deceased Patients.** I may release PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased more than fifty (50) years is not protected under HIPAA.

**National Security and Intelligence Activities.** I may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** I may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Verbal Permission.** I may also use or disclose your PHI to family members that are directly involved in your treatment with your verbal permission.

## **USES AND DISCLOSURES THAT REQUIRE ME TO GIVE YOU AN OPPORTUNITY TO OBJECT**

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**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, I may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, I may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief.** I may disclose your Protected PHI to disaster relief organizations that seek your Protected PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. I will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

### **USES AND DISCLOSURES OF HEALTHCARE INFORMATION WITH YOUR WRITTEN AUTHORIZATION**

I will make other uses and disclosures of your PHI only when your appropriate authorization is obtained. An "authorization" is a signed **Consent for Release of Information** that states specifically what will be released and to whom it will be released to. You may revoke the authorization in writing at any time; unless I have taken an action in reliance on the authorization of the use or disclosure you permitted, such as providing you with healthcare services for which I must submit subsequent claims for payment.

### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

**Right of Access to Inspect and Copy.** You have the right, which may be restricted only in certain limited circumstances, to inspect and copy your PHI that I maintain. I maintain records for seven years from the last date of attendance. I may charge a reasonable, cost-based fee for copies.

**Right to an Electronic Copy of Electronic Medical Records.** If your Protected PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. I will make every effort to provide access to your Protected PHI in the form or format you request, if it is readily producible in such form or format. If the Protected PHI is not readily producible in the form or format you request your record will be provided in either my standard electronic format or if you do not want this form or format, a readable hard copy form. I may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected PHI.

**Right to Amend.** You have the right to ask that I amend your record if you feel that the PHI is incorrect or incomplete. I am not required to amend it; however you have the right to file a statement of disagreement with me, to which I am allowed to prepare a rebuttal and it will all go into your record.

**Right to an Accounting of Disclosures.** You have the right to request a copy of the required accounting of disclosures that I make regarding your PHI which includes non-routine disclosures made for purposes other than treatment as well as disclosures made pertaining to your treatment.

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**Right to Request Restrictions.** You have the right to request a restriction or limitation on the use of your PHI for treatment, payment, or operations of my practice. I am not required to agree to your request and in instances where I believe it is in the best interest of quality of care I will not honor your request.

**Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that I not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and I will honor that request.

**Right to Request Confidential Communication.** You have the right to request that I communicate with you in a certain way or at a certain location. I will accommodate reasonable requests and will not ask why you are making the request.

**Right to a Copy of this Notice.** You have the right to a paper copy of this notice.

### **CHANGES TO THIS NOTICE:**

I reserve the right to change this notice and make the new notice apply to PHI I already have as well as any information I receive in the future. I will post a copy of my current notice at my office and on my website. The notice will contain the effective date in the lower left-hand corner.

### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint in writing with me, the Privacy Officer, at 2200 – 112<sup>th</sup> Avenue NE, Suite 120, Bellevue, WA 98004 or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing. ***I will not retaliate against you for filing a complaint.***