

# **HIPAA COMPLIANCE – NOTICE OF PRIVACY PRACTICES**

Peter Hannah, MA LMHC – License # LH00010774  
1800 Westlake Ave North, #305  
Seattle, WA 98109  
(206) 799-6566

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. This information will include the Protected Health Information (PHI), as that term is defined in privacy regulations issued by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and, as applicable, RCW Chapter 70.02 entitled “Medical records-- Heath Care Access and Disclosure.”

## **Please review it carefully.**

I understand that your personal health information is very sensitive. I will not disclose your information to others unless you tell me to do so, or unless the law authorizes or requires me to do so.

The law protects the privacy of the health information I create and obtain in providing care and services to you.

For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows me to use and disclose your protected health information for purposes of treatment and health care operations. State law requires me to get your authorization to disclose this information for payment purposes.

Protected Health Information (PHI): Protected health information means individually identifiable health information, which is: transmitted by electronic means, maintained in any means described in the definition of electronic media; or transmitted or maintained in any other form or medium.

## **Examples of use and disclosures of Protected Health Information for Treatment, Payment, and Health Care Operations are:**

### **Treatment:**

- Information obtained by a nurse, physician, clinical psychologist, MSW, therapist, or other member of the treatment team will be recorded in your medical record and used to help decide what care may be right for you
- I may also provide information to others providing you care. This will help them stay informed about your care.

### **Payment:**

- In Washington State, written patient permission is required to use or disclose PHI for payment purposes, including to your health insurance plan. I will have you sign another form “Assignment of Benefits” or a similar form for this purpose (RCW 70.02.030(b). Health plans need information from me for your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

### **Health Care Operations:**

- I may use your medical records to assess quality and improve services.
- I may contact you to remind you about appointments and give you information about treatment alternatives or other health related benefits and services.
- I may use and disclose your information to conduct and arrange for services, including: 1) Medical review by your health plan; 2) Accounting, legal, risk management, and insurance services; 3) Audit functions, including fraud and abuse detection and compliance programs.

## **Your health information rights:**

The health and billing records I create and store are the property of Peter Hannah, MA LMHC. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this notice;
- Ask me to restrict certain uses and disclosures. You must deliver this request in writing to me. I am not required to grant that request. But I will comply with any request granted;
- Request and receive from me a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”).

- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. I have a form available for this type of request.
- Have me review a denial of access to your health information—except in certain circumstances.
- Ask me to change your health information. You may give me this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, I will give you a list of disclosures of your health information. The list will not include disclosures to 3rd party payers. You may receive this information without charge once every 12 months. I will notify you of the cost involved if you request this information more than once every twelve months.
- As that your health information be given to you by another means or at another location. Please sign, date, and give me your request in writing.
- Cancel prior authorizations to sue or disclose health information by giving me a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

**Psychotherapy notes:**

These are notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's record. Psychotherapy notes excludes medication prescriptions and monitoring, counseling session start and stop times, the modalities or frequencies of treatment provided, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. An authorization to use or disclose psychotherapy notes is required except if used by the originator of the notes for treatment, to a person or persons reasonably able to prevent or lessen the threat (including the target of the threat), if the originator believes in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, if the notes are to be used in the course of training students, trainees or practitioners in mental health; to defend a legal action or any other legal proceeding brought forth by the patient; when used by a medical examiner or coroner; for health oversight activities of the originator; or when required by the law.

**My responsibilities:**

I am required to:

- Keep your protected health information private.
- Give you this notice.
- Follow the terms of this notice.

I have the right to change my practices regarding the protected health information I maintain. If I make changes, I will update this notice. You may receive the most recent copy of this Notice by calling and asking for it.

**To ask for help or to make a complaint.**

If you have questions, want more information, or want to report a problem about the handling of your protected health information, contact Peter Hannah MA LMHC at 1800 Westlake Ave N, #305, Seattle WA 98109. If you believe your privacy rights have been violated, you may discuss your concerns with the Privacy Officer. You may send a written complaint to the Washington State Department of Health at: 510 4th Ave. W., Suite 404, Seattle, WA 98119. You may also file a complaint with the U.S. Secretary of Health and Human Services. I respect your right to file a complaint with me or to the Secretary of HHS, and I will not retaliate against you.

**Other disclosures and uses of Protected Health Information:**

Notification of family and others. Unless you object, I may release health information about you to a friend or family member who is involved in your medical care. I may also give information to someone who helps pay for your care. I may tell your family or friends your condition and that you are in a hospital. In addition, I may disclose health information about you to assist in disaster relief efforts. You have the right to object to this use or disclosure of your information. If you object, I will not use or disclose it.

**Other use or disclosure of your Protected Health Information without your authorization is:**

- With medical researchers—if the research has been approved and has policies to protect the privacy of your health information. I may also share information with medical researchers preparing to conduct a research project.
- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products.
- To comply with Workers' Compensations Laws if you have made workers' compensation claims.

- For Public Health and Safety Purposes as allowed or required by law:
  - to prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
  - to public health or legal authorities.
  - to protect public health and safety
  - to prevent or control disease, injury, or disability
  - to report vital statistics such as births or deaths.
- To report suspected abuse or neglect to public authorities.
- To correctional institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- For law enforcement purposes such as when I receive a subpoena, court order, or other legal process, or you are a victim of a crime.
- For health and safety oversight activities. For example we may share health information with the Department of Health.
- For Disaster Relief Purposes. For example, I may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- For work related conditions that could affect employee health. For example, an employer may ask me to assess health risk on a job site.
- To the military authorities of U.S. and foreign military personnel. For example, the law may require me to provide information necessary to a military mission.
- In the course of judicial/administrative proceedings at your request, or as directed by a subpoena or court order.
- For specialized government function. For example, I may share information for national security purposes.

### **Specialized Authorizations**

Certain federal and state laws that provide special protections for certain kinds of personal health information call for specific authorizations from you to use or disclose information. When your personal health information falls under these special protections, I will contact you to secure the required authorizations to comply with federal and state laws such as:

- Uniform Health Care Information Act (RCW 70.02)
- Sexually Transmitted Diseases (RCW 70.24.105)
- Drug and Alcohol Abuse treatment Records (RCW 70.96S.150)
- Mental Health Services for Minors (RCS 71.05.390-690)
- Communicable and Certain other Diseases Confidentiality (WAC 246-100-016)
- Confidentiality of Alcohol and Drug Abuse Patients (42 CFR Part 2)

If I need your health information for any reason that has not been described in this notice, I will ask for your written authorization before using or disclosing any identifiable health information about you. More important, if you choose to sign an authorization to disclose information, you may revoke that authorization at a later time to stop any future use and disclosure.

### **Other Uses and Disclosures of Protected Health Information**

Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

**Effective Date: 3/1/2015**