

Privacy Practices Notice

Privacy practices:

As part of my service, I maintain a confidential record of dates of service, fees charged and paid, and concise progress notes. I try to be cautious in creating such notes due to their potential vulnerability to legal intrusion. State and federal law protects such information by limiting its uses and disclosures. The Health Information Portability & Accountability Act (HIPAA) provides you with certain rights.

- a) You have the right to review and/or request a copy of your record if you desire. I may charge a reasonable, cost-based fee for copies.
- b) You have the right to ask me to correct the record if you believe the information is in error. A copy of your corrections to my record will be placed within your record at your request.
- c) You have the right to request restrictions on certain uses or disclosures of your healthcare information. As a treating clinician, I am not obligated to agree to your request for restriction. If I believe sharing this information is required for your safety or optimum care, I would prefer for us to make a mutual decision with regards of how to proceed.
- d) You have the right to request confidential communications regarding your healthcare information, including the fact that you are my client. You may request that I contact you only through a specific phone number, address or email address. I am required to meet reasonable requests.
- e) You have the right to request a written accounting of disclosures I may have made of your healthcare information. The law allows many exceptions to this accounting, but my preference and practice is for you to know of any disclosures before they occur.
- f) You have a right to have a written copy of this *Disclosure and Privacy Practices Notice*.
- g) You have the right to file a complaint in writing with me and/or with the Secretary of the Department of Health and Human Services if you believe that I have violated your privacy rights. I will not retaliate against you for filing such a complaint.

I may use information from your healthcare record to create billing statements that I mail. In addition, with your written consent, I may disclose your healthcare information to third party payers (i.e. insurance company) to obtain information concerning eligibility, coverage, and remaining availability as well as to submit claims for payment and medically necessity and utilization reviews. There are several uses and disclosures options that do not require your authorization or opportunity to object. These include:

- a) Medical emergencies - I may use or disclosure your healthcare information in a medical emergency situation to emergency response personnel only.
- b) Child abuse or neglect - I may disclose your healthcare information to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
- c) Criminal activity on premises and/or criminal activity against counselor - I may disclose your healthcare information to law enforcement officials if you have committed a crime on the counseling office premises or against any program staff or personnel or you have made a threat to commit such crimes. Such disclosure is limited to circumstances of the incident, including name, address, status as a patient, and last know whereabouts.
- d) Court order - I may disclose your healthcare information if a court of competent jurisdiction issues an appropriate order.

I am required by law to abide by the terms of this document, though I am also legally allowed to change the terms, and to make the provisions of any modified version effective for all private healthcare information in my care. You may request that a copy of a modified version be given or sent to you or you may access the most current version on my website, www.redeemingstories.com/forms.htm.

If you have questions about this Notice of Privacy Practices, please contact: Phil Prothero, MA, MDIV, LMHC, Redeeming Stories Inc., 2722 Colby Ave., Suite 721, Everett, WA 98201. Phone (425) 344-8422.