

Notice of Privacy Practices

Effective Date: October 19, 2019

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

The HIPAA (Health Insurance Portability and Accountability Act) Privacy rule mandates that health care providers distribute a Notice of Privacy Practices to all patients. This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Understanding Your Health Information

During each appointment, we record clinical information and store it in your chart. Typically, this record includes your family, social, and medical history, a description of your symptoms, your recent stressors, your medical problems, a mental status exam, any relevant lab test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal document of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- A tool with which we can assess and work to improve the care we provide

Protected Health Information (PHI) is the information that you provide or that your provider creates or receives about your health care. Your Provider is required by law to protect the privacy of your information, notify affected individuals following a compromise of unsecured PHI, provide you with this Notice about our privacy practices, and follow the privacy practices that are described in this notice. The law provides you with certain rights which are described in this notice.

Use and Disclosure of Your Protected Health Information

We typically use and share your health information for activities as described below.

Treatment: We may use and share your health information to provide care and other services to you- for example, to diagnose and treat your illness. We may use and disclose your health information to coordinate or manage your health care This includes the coordination or management of your health care with another provider. We may disclose your health information to other health care providers who may be treating you. Your primary care provider or your psychotherapist might call us to discuss your treatment, and in that situation, we would disclose information about your diagnosis, your medications, and so on.

Billing and Payment: We may use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services. We may share your health information to obtain prior approval for payment of your services.

Health Care Operations: We may use and share your health information to run our practice and improve your care. For instance, we use health information about you to manage your treatment and services. We may use your health information for health care operations which includes management, planning, and activities to help

improve the quality and efficiency of the care delivered. In addition, we may share your health information with authorized staff to perform administrative activities, or those hired to perform services.

To Contact You: Your health information may be used to contact you to remind you about appointments, provide test results, inform you of treatments or advise you about other health-related benefits and services.

Business Associates: Your health information may be disclosed to individuals or organizations that assist us or to comply with our legal obligations as described in this Notice. For example, we may disclose information to billers, consultants or attorneys who assist us in our business activities. These business associates are required to protect the confidentiality of your information with administrative, technical, and physical safeguards.

Other ways we may use or share your health information:

Public Health and Safety Activities: We are required or permitted by law to report protected health information to certain government agencies and others. For example, we may share health information about you in the following situations:

- To public health authorities for the purpose of preventing or controlling disease, injury, or disability
- Reporting adverse reactions to medications or helping with product recalls.
- To prevent or reduce a serious threat to anyone's health or safety.
- As a mandatory reporter, your Provider is required by law to report suspected abuse or active neglect of a minor and suspected abuse or active neglect of a vulnerable or dependent adult. In these instances, your Provider is required to contact the appropriate authorities (Child Protective Services, Adult Protective Services, or law enforcement).
- Criminal Activity or Threats to Personal Safety. We are required to disclose your protected health information to law enforcement officials, county Designated Crisis Responders, or another emergency contact person if we believe that you intend to commit an act that threatens the health or safety of yourself or another person. However, the information we disclose is limited to only that information which is necessary to ensure safety.

Do research: We can use or share your information for health research.

Comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Work with a medical examiner or funeral director: We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests: We can use or share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities required by law, and for special government functions such as military, national security, and presidential protective services.

Mandatory reporting to the Department of Health: As a result of state regulations adopted by the Washington State Department of Health, your Provider is required to report themselves or another health care provider in the event of a final determination of unprofessional conduct, a determination of risk to patient safety due to a mental or physical condition, or if your Provider has actual knowledge of unprofessional conduct by another licensed provider. If you are a health care provider and we believe that your behavior is a clear and present danger to your patients or clients, we are required by law to report you to public health or legal authorities.

Respond to lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Psychotherapy Notes

Your provider may keep a set of notes separate from your medical record called psychotherapy notes. These notes have more protections under the law. We must obtain your authorization to use or disclose psychotherapy notes with the following exceptions. We may use the notes for your treatment. Your provider may also use or disclose, without your authorization, the psychotherapy notes for their own training, and to defend themselves in legal or administrative proceedings initiated by you, for the US Department of Health and Human Services to investigate or determine my compliance with the HIPAA Privacy Rules, to avert a serious and imminent threat to public health or safety, to a health oversight agency for lawful oversight, for the lawful activities of a coroner or medical examiner or as otherwise required or allowed by law.

Your Health Information Rights

You have the following rights related to your medical record:

Obtain a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

Authorization to use your health information. Before we use or disclose your health information, other than as described in this document, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

Get an electronic or paper copy of your medical record. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record. You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days. If we deny your request, you may provide a statement of disagreement in writing which will be added to your chart.

Request confidential communications. You may request that when we communicate with you about your health information, we do so in a specific way (e.g. at a certain mailing address or phone number). We will make every reasonable effort to agree to your request.

Get a list of those with whom we’ve shared information. You can ask for a list (accounting) of the times we’ve shared your health information, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Ask us to limit what we use or share. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Choose someone to act for you. If you have given someone medical power or attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- The Privacy Officer for Mountain Peak Mental Health, PLLC is Marla Brucken, ARNP, PMHNP. You can complain if you feel we have violated your rights by contacting Marla Brucken at 425-620-3072.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.

We may share your protected health information with your family member, friend, or another person with an active interest in your care if we: 1) First provide you with the chance to object to the disclosure and you do not object and 2) Obtain your agreement to share your protected health information with these individuals. If you are not able to agree or object to our sharing your health information because you are not capable or there is an emergency circumstance, we may use your professional judgment to decide that sharing your protected health information is in your best interest. If we do share your information in an emergency, we will tell you as soon as we can. If you object, we will stop as long as it is not against the law.

- Share information in a disaster relief situation

In the cases specified below we will never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Fundraising efforts

Our Responsibilities

- We are required by law to protect the privacy and security of your protected health information, to provide this notice about our privacy practices, and to abide by the terms of this notice.
- We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice.
- Except for the purposes related to your treatment, to collect payment for my services, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your written authorization. You have the right to revoke your authorization at any time.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice.

I acknowledge that I have received a copy of the office's Notice of Privacy Practices.