3515 SW ALASKA STREET • SEATTLE, WA 98126 PHONE: 206-937-1481 • FAX: 206-937-6236

Notice of Psychologists' Policies and Practices to protect the privacy of your health information: THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEAE REVIEW IT CAREFULLY.

## I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Sound Psychology may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- -"PHI" refers to information in your health record that could identify you.
- -Treatment", Payment and Health Care Operations"
  - -Treatment is when an Sound Psychology doctor provides, coordinates or manages your health care and other services related to your health care. An example regarding treatment would be when an Sound Psychology doctor consults with another health care provider, such as your family physician or another psychologist to exchange information that will help with your treatment.
  - -Payment is when Sound Psychology obtains reimbursement for healthcare services provided to you. Examples of payment are when Sound Psychology discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - -Health Care Operations are activities that relate to the performance and operation of our 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 our office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
  - "Disclosure" applies to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.

#### II: Uses and Disclosures Requiring Authorization

Sound Psychology may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when your Sound Psychology doctor is asked for information for purposes outside of treatment, payment and health care operations, your Sound Psychology doctor will obtain an authorization from you before releasing this

information. Your Sound Psychology doctor will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes your Sound Psychology doctor made about your conversation during a private, group, joint, or family counseling session, which your Sound Psychology doctor kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorization (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your Sound Psychology doctor already 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: Uses and Disclosures with Neither Consent nor Authorization

Your Sound Psychology doctor may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If your Sound Psychology doctor has reasonable cause to believe that a child has suffered abuse or neglect, your Sound Psychology doctor is required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.
- Adult and Domestic Abuse: If your Sound Psychology doctor has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred your Sound Psychology doctor must immediately report the abuse to the Washington Department of Social and Health Services. If your Sound Psychology doctor has reason to suspect that sexual or physical assault has occurred, your Sound Psychology doctor must immediately report to the appropriate law enforcement agency and to the Department of Social and Health Services.
- **Health Oversight:** If the Washington Examining Board of Psychology subpoenas your Sound Psychology doctor as part of its investigation, hearing or proceedings relating to the discipline, issuance or denial of licensure of state licensed psychologists, your Sound Psychology doctor must comply with its orders. This could include disclosing your relevant mental health information.
- Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information abut the professional services that your Sound Psychology doctor has provided to you and the records thereof, such information is privileged under state law, and your Sound Psychology doctor will not release such information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious threat to Health or Safety: Your Sound Psychology doctor may disclose your confidential mental health information to any person without authorization if your Sound Psychology doctor reasonably believes that disclosure will avoid or minimize danger to your health

or safety, or the health or safety of any other individual.

• Worker's Compensation: If you file a worker's compensation claim, with certain exceptions, your Sound Psychology doctor must make available, at any stage of the proceedings, all mental health information in his or her possession relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

# IV: Patient's Rights and Psychologist's Duties

# Patient's Rights:

- · Right to request Restrictions You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, your Sound Psychology doctor is not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations
  You have the right to request and receive confidential
  - Communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen at Sound Psychology. Upon your request, your Sound Psychology doctor will send your bills to another address.)
- Right to Inspect and Copy You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in your Sound Psychology doctor's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your Sound Psychology doctor may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, your Sound Psychology doctor will discuss with you the details of the request and denial process.
- · Right to Amend You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your Sound Psychology doctor may deny your request. Upon your request, your Sound Psychology doctor will discuss with you the details of the amendment process.
- Right to an Accounting You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). Upon your request your Sound Psychology doctor will discuss with you the details of the accounting process.
- · Right to a Paper Copy You have the right to obtain a paper copy of the notice from your Sound Psychology doctor upon request, even if you have agreed to receive the notice electronically.

## Psychologist's Duties:

Your Sound Psychology doctor is required by law to maintain the privacy of PHI and to provide you with a notice of your Sound Psychology doctor's legal duties and privacy practices with respect to PHI.

.

Your Sound Psychology doctor reserves the right to change the privacy policies and practices described in this notice. Unless your Sound Psychology doctor notifies you of such changes, however, your Sound Psychology doctor is required to abide by the terms currently in effect.

· If your Sound Psychology doctor revises his or her policies and procedures your Sound Psychology doctor will inform you in writing, and give it to you in person, or by mail.

## V. Complaints

If you are concerned that your Sound Psychology doctor has violated your privacy rights, or you disagree with a decision your Sound Psychology doctor made about access to your records, please discuss your concerns with your Sound Psychology doctor. If you are not satisfied and want further information you may contact the Department of Health Washington State Examining Board of Psychology, 1300 Quince Street SE, P.O. Box 4769, Olympia, WA. 98504-7869.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The office listed above can provide you with the appropriate address upon request.

VI: Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 15, 2003.

Your Sound Psychology doctor reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI your Sound Psychology doctor maintains. Your Sound Psychology doctor will provide you with a revised notice by informing you in writing, and will give it to you in person, or by mail.