

Sue Moreland MSW, LICSW
Kirkland Psychotherapy, Inc.
11415 NE 128th St. Suite 100
Kirkland, WA 98034

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 CAREFULLY.

Understanding your health care record and information

Each time you visit my office, talk with me on the phone, or I talk to one of your health care providers, I make an entry into your health record. Typically, this record contains your symptoms, examination, test results, diagnosis, a description of the care you receive, and a plan for future care or treatment. Sometimes, if there is clinical relevance to an email exchange, I will also make a note of it in your record or cut and paste content into your record. This information is often referred to as your "Protected Health Information" or PHI or, if it is stored on my computer, ePHI. Whether they are PHI or ePHI, your rights are the same.

The information is used for planning your care and treatment, as a means of communication among the health care professionals who contribute to your care, as a legal document describing the care you received and as a means by which you or a third-party like your insurance company can verify services billed actually were provided.

Disclosers of your PHI might also be made to business associates providing for peer review, administrative, legal or financial services to assist the operation of my practice. A business associates agreement will be signed by these individuals agreeing to keep your information private in the course of their work for me.

You have rights regarding your ePHI

Although your health record is my physical property the information belongs to you. You have specific rights regarding your PHI.

Right to review and receive a copy of your ePHI. You may inspect your ePHI on record with me, whether it is on paper or in electron form on a computer. There may be a small charge for copying. Your request for a copy may include the direction to transmit the copy to a third party. If you request information stored on a computer, it will be provided to you can chose between it printed on a hard copy or transmitted electronically. You do not have the right to review information compiled in reasonable anticipation of a civil, criminal, or administrative action.

Right to recommend a change to your record. If you believe the ePHI I have on record is incorrect or incomplete, you may ask to have it changed. In certain cases, I may deny your request to a change to your record. If we do, you may file a complaint with our

privacy official. Nonetheless, I will forward any changes you recommend to any third part or insurer you request.

Right to know about all the disclosures of my ePHI. You have the right to request a list of any disclosure of my ePHI that were made for other than treatment, payment or health care purposes.

Right to request restrictions on disclosing your PHI. You have the right to request specific restrictions or limitations to discloser of your PHI and to whom you wish the restrictions to apply.

Right to a copy of this notice. Anyone may request a copy of this notice.

Right to file a complaint. You may file a complaint with us by contacting my Privacy/Security Official (Sue Moreland, MSW, LICSW) at 425-820-7100. You also have the right to complain to the Secretary of Health and Human Services at:

Region X, Office for Civil Rights
US Department of Health and Human Services
2201 6th Avenue – Suite 900
Seattle, WA 98121-1831
OCRComplaint@hhs.gov

You will not be retaliated against for filing a complaint.

I may disclose your ePHI for the following purposes unless you object in writing:

- **For compiling a directory of information.** I may provide directory information, unless I have given you an opportunity to object and you objected.
- **To your prior health care providers.** We may provide your ePHI to prior health care providers, unless I have given you an opportunity to object and you objected.
- **To those with whom you have a close personal relationship.** I may disclose your PHI to a person involved with your care, unless I have given you the opportunity to object and you objected: except, in situations of incapacity or emergency disclosure, when in our clinical judgment it would be in your best interest.
- **For disaster relief purposes.** We may disclose your ePHI to a public or private entity authorized by law to assist in disaster relief efforts, which are directly relevant to your care.
- **For limited purposes:** I may disclose limited health care information to third parties for the purposes of public health and health care operations. Before disclosing this information, we must enter into an agreement with the recipient to agree not to re-identify the data or contact you. The recipient of your information is required to have appropriate safeguards to prevent inappropriate use of disclosure of your information.

Other disclosures of ePHI that do not require your agreement:

- **If required by law.** We may use or disclose your ePHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are abuse and neglect reports or when necessary to minimize an imminent danger to the health or safety of you or any other individual. We also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.
- **To provide health oversight.** We may disclose your ePHI to a health oversight agency for activities authorized by law, such as my professional licensure. Oversight agencies also include government agencies and organizations that audit their provision of financial assistance to me, such as your insurance company.
- **To our business associates.** We may disclose your ePHI to the extent minimally necessary to business associates contracted by me to perform health care operations or payment activities on my behalf. To safeguard the privacy of your ePHI, such contracts are regulated by the Department of Health and Human Services and must contain provision designed to limit the use and re-disclosure of your ePHE, to require compliance by the business associate with your individual rights, to subject the business associate to specific security obligations, and to require the business associate require such obligation on any subcontractor.
- **Because it is compulsory.** I will disclose your ePHI if a court issues an appropriate order. I will also disclose our ePHI if we have been notified in writing at least fourteen days in advance of a subpoena or other legal demand, which identifies the PHI sought and the date by which a protective order must be obtained to avoid our compliance. We will not comply with the subpoena or demand if the protective order has been obtained or we have received satisfactory assurances that you received notice of the opportunity to have the subpoena limited or it was cancelled or the time it was valid has past.

Uses and disclosures of iPHI with your written authorization:

We will make other uses and disclosures of our ePHI only with your written authorization: for example, for research. You may revoke this authorization in writing at any time, unless I have taken a substantial action in reliance on the authorization, such as providing you with health care services for which we must submit subsequent claim for payment. You may revoke your written authorization at any time.

Legal requirement to have this notice

We are required by law to maintain the privacy of your ePHI and to provide you with notice of our legal duties and privacy practices with respect to your ePHI. We are required to abide by the terms of this notice. The terms stated above may change at any time. Any new Notice of Privacy Practices will be effective for all ePHI in my records. We will make

available a revised Notice of Privacy Practices by providing you a copy upon your request or providing a copy to you at your next appointment.

The effective date of this Notice of Privacy Practices is Jan 1, 2014.

Contact Information

I am my own Privacy Officer, so, if you have any questions about this Notice of Privacy Practices, please contact me.

My contact information is:
Sue Moreland, MSW, LICSW
Kirkland Psychotherapy Inc.
11415 NE 128th St. Suite 100
Kirkland, WA 98034
(425) 820-7100

I hereby acknowledge receiving a copy of this notice and have been offered a copy. A copy of this notice is posted on my website kirklandpsychcare.com under New Client.

Patient's Signature _____ *Date* _____