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NOTICE OF PRIVACY PRACTICES

This notice describes how medical and mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

It is my professional and ethical responsibility to assure you that I will hold your personal information in the strictest confidence. I am required by applicable Federal and State of Washington law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, legal obligation, and your rights concerning your health information (Protected Health Information, or “PHI”). I must follow the privacy practices described in this Notice (which may be amended from time to time).

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether on paper, orally or electronically to be kept confidential. This federal law gives you, the patient, new rights to understand and control how your personal health information and how we may use and disclose this information.

For more information about my privacy practices, please bring your questions up to me. Additionally, there are many websites that address the privacy aspects of HIPAA.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Permissible Uses and Disclosures without Your Written Authorization

I may use and disclose PHI without your written authorization, excluding Psychotherapy Notes and Reports, as described in Section II, for certain purposes described below. It is generally my practice, however, to obtain your specific and written consent whenever possible, including to specific family members. Rarely emergent circumstances might arise when I might release pertinent information without your prior consent.

The standard for all such releases is that I disclose the “minimum necessary” for each function listed below. The examples provided are not exhaustive, but

instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. Treatment: I may use and disclose PHI in order to provide treatment to you. For example, I may use PHI to diagnose and provide counseling service to you. In addition, I may disclose PHI to other health care providers involved in your treatment.

2. Payment: I may use or disclose PHI, Protected Health Information, so that services you receive are appropriately billed to, and payment is collected from, your health plan. By way of example, I may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services.

3. Health Care Operations: I may use and disclose PHI in connection with health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities.

4. Required or Permitted by Law: I may use or disclose PHI, Protected Health Information, when I am required or permitted to do so by law or in the following situations:

- a) Duty to warn: Your PHI may be disclosed if I determine a need to alert an intended victim of a serious threat to their health. For example, this may occur if you reveal intentions to kill or harm another person. I am obligated to take necessary action to avert a serious threat to the health or safety of others.
- b) Danger to self: Your PHI may be disclosed if I determine that you may kill or seriously harm yourself. For example, this may occur if you reveal that you are planning to commit suicide. I am obligated to take necessary action to avert a serious threat to your health or safety.
- c) Child or elder abuse or neglect: Your PHI may be disclosed if you report or I reasonably suspect any child or elder abuse or neglect. For example, if you reveal that you have physically harmed a child then I will need to notify Children's Protective Services (CPS).
- d) Court order: Your PHI may be disclosed if I am presented with a court order to do so. For example, this may occur if you have any legal involvement and a judge or law enforcement agency has called me to testify or release records.
- e) Crime against me or within office premises: Your PHI may be disclosed if you commit or threaten to commit a crime against me or within my office premises. This includes damage to property.
- f) Other disclosures: Your PHI may be disclosed for public health activities, health oversight activities, including disclosures to State or Federal agencies authorized to access PHI. Your PHI may be disclosed for research when approved by an institutional review board, to military or national security agencies, coroner, medical examiners, and correctional institutions or otherwise as authorized by law. Your PHI may be disclosed to necessary parties involved if you file a legal or administrative claim against me. Your identifying information may be disclosed to debt collection agency personnel if you fail to pay for my professional services by our agreed upon time period.

B. Permissible emergency disclosures not requiring your authorization, but to which you might object

1. Family, those close to you, or persons involved in your care: I may disclose your PHI to notify or assist in notifying persons responsible for your

care. If you are present, I will provide you an opportunity to object. In the event of your incapacity or an emergency, I will use your prior expressed preference and my professional judgment as to what is in your best interest.

2. Disaster relief efforts: I may use or disclose your PHI to a public or private entity authorized by law or charter to assist in disaster relief efforts for the purposes of coordinating notification or family members of you location, condition, or death.

C. Uses and Disclosures Requiring Your Written Authorization

1. Psychotherapy Notes: Notes I make documenting the content of our sessions will be used only by me and will not otherwise be used or disclosed without your written authorization.

2. Marketing Communications: I will not use your information for this purpose.

3. Other Uses and Disclosures: Uses and disclosures other than those described in Section I.A. will only be made with your written authorization. For example, I will only send PHI to your life insurance company, to a school, or to your attorney if you sign an authorization form requesting this. You may revoke such authorization at any time.

II. YOUR INDIVIDUAL RIGHTS

A. Right to Inspect and Copy. You may request to see or have a copy of your medical and billing records and request copies of the records. Please make your request in writing. According to HIPAA, I may deny access to your records, or to my psychotherapy notes about our sessions, or I may grant access only during an in-person session, and for my usual fee. I may also charge a fee for copying and sending you any records requested. If my client is a minor, portions of the medical record will not be accessible to parents or guardians.

B. Right to Alternative Communications. You may request, and I will accommodate, any reasonable written request for you to receive PHI ("Protected Health Information") by alternative means of communication or at alternative locations.

C. Right to Request Restrictions. You have the right to request a restriction on PHI used for disclosure for treatment, payment, or health care operations. Please make your request in writing. I will consider, but am not required to agree to your request.

D. Right to Restrict Disclosure when you have Paid Out of Pocket. You have the right to restrict disclosure of PHI to a health plan for the purpose of carrying out payment or healthcare operations, provided the disclosure is not

required by law and the PHI pertains solely to a health care item or service paid in full by you or another on your behalf.

E. Right to Accounting of Disclosures. Upon written request, you may obtain an accounting of disclosures of PHI made by me in the preceding 6 years.

F. Right to Request Amendment: You have the right to request that I amend your health information. Please make your request in writing, and explain your reason. I will consider, but may deny your request under certain circumstances.

G. Right to Obtain Notice. You may have a copy of this Notice at any time. Please ask.

H. Right to be Notified if there is a Breach of your Unsecured PHI: You have a right to be notified if a) there is a breach involving your PHI; b) that PHI has not been encrypted to government standards; and c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

A. Effective date. This Notice is effective June 1, 2015.

B. Changes to this Notice. I may change this Notice. If I do, I may make the new notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. I will make any revised notice available to you on paper.

QUESTIONS or CONCERNS

If you believe I have violated your privacy rights, please bring it up with me so we can address your concerns. Additionally, you have the right to file a complaint in writing to me as my own Privacy Officer (see CONTACT INFORMATION above) or with the:

Secretary of Health and Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington D.C. 20201
or by calling (202) 619-0257.

I will not retaliate against you for filing a complaint.