

# HIPAA and Washington State Notice of Rights and Privacy Practices

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## NOTICE:

I keep a record of the health care services I provide you. You may ask me to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. You may see your record or get more information about it at Stacie McLean, LMHC, PLLC, 6626 Wagner Way Suite 200, Gig Harbor, WA 98335.

Stacie McLean provides counseling services on behalf of Stacie McLean, LMHC, PLLC. ("SMPLLC")

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.

Your health record contains personal information about you and your health. State and Federal law protects the confidentiality of this information. Protected Health Information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical and mental health, or condition, and related health care services. If you suspect a violation of these legal protections, you may file a report to the appropriate authorities in accordance with Federal and State regulations.

SMPLLC is required by law to maintain the privacy of your PHI and to provide you with notice of legal duties and privacy practices with respect to your PHI. This Notice of Privacy Practices describes how SMPLLC may use and disclose your PHI in accordance with all applicable law. It also describes your rights regarding how you may gain access to and control your PHI. SMPLLC is required to abide by the terms of this Notice of Privacy Practices. SMPLLC reserves the right to change the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that SMPLLC maintains at that time. SMPLLC will make available a revised Notice of Privacy Practices by sending you an electronic copy, sending a copy to you in the mail upon your request, or providing one to you in person.

## How SMPLLC is permitted to Use and Disclose Your PHI

**For Treatment.** SMPLLC may use medical and clinical information about you to provide you with treatment services.

**For Payment.** SMPLLC may use and disclose medical information about you so that SMPLLC can receive payment for the treatment services provided to you.

**For Healthcare Operations.** SMPLLC may use and disclose your protected PHI for certain purposes in connection with the operation of a professional practice, including supervision and consultation.

**Without Your Authorization.** State and Federal law also permits SMPLLC to disclose information about you without your authorization in a limited number of situations, such as with a court order.

**With Authorization.** SMPLLC must obtain written authorization from you for other uses and disclosures of your PHI. You may revoke such authorizations in writing in accordance with 45 CFR. 164.508(b)(5).

**Incidental Use and Disclosure.** SMPLLC is not required to eliminate every risk of an incidental use or disclosure of your PHI. Specifically, a use or disclosure of your PHI that occurs as a result of, or incident to an otherwise permitted use or disclosure is permitted as long as SMPLLC has adopted reasonable safeguards to protect your PHI, and the information being shared was limited to the minimum necessary.

### **Examples of How SMPLLC May Use and Disclose Your PHI**

Listed below are examples of the uses and disclosures that SMPLLC may make of your PHI. These examples are not meant to be a complete list of all possible disclosures, rather, they are illustrative of the types of uses and disclosures that may be made.

**Treatment.** Your PHI may be used and disclosed by SMPLLC for the purpose of providing, coordinating, or managing your health care treatment and any related services. This may include coordination or management of your health care with a third party, consultation or supervision activities with other health care providers, or referral to another provider for health care services.

**Payment.** SMPLLC may use your PHI to obtain payment for your health care services. This may include providing information to a third party payor, or, in the case of unpaid fees, submitting your name and amount owed to a collection agency.

**Healthcare Operations.** SMPLLC may use or disclose your PHI in order to support the business activities of SMPLLC's professional practice including; disclosures to others for health care education, or to provide planning, quality assurance, peer review, or administrative, legal, financial, or actuarial services to assist in the delivery of health care, provided SMPLLC has a written contract with the business that prohibits it from re-disclosing your PHI and requires it to safeguard the privacy of your PHI. SMPLLC may also contact you to remind you of your appointments.

### **Other Uses and Disclosures That Do Not Require Your Authorization**

**Required by Law.** SMPLLC may use or disclose your PHI 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 of this type of disclosure include healthcare licensure related reports, public health reports, and law enforcement reports. Under the law, SMPLLC must make certain disclosures of your PHI to you upon your request. In addition, SMPLLC must make disclosures to the US Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of applicable privacy rules.

**Health Oversight.** SMPLLC may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include

government agencies and organizations that provide financial assistance to the program (such as third-party payors) and peer review organizations performing utilization and quality control. If SMPLLC discloses PHI to a health oversight agency, SMPLLC will have an agreement in place that requires the agency to safeguard the privacy of your information in such an agreement is required by law.

**Abuse or Neglect.** SMPLLC may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect. However, the information we disclose is limited to only that information which is necessary to make the required mandated report.

**Deceased Clients.** SMPLLC may disclose PHI regarding deceased clients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.

**Research.** SMPLLC may disclose PHI to researchers if (a) an Institutional Review Board reviews and approves the research and a waiver to the authorization requirement; (b) the researchers establish protocols to ensure the privacy of your PHI; and (c) the researchers agree to maintain the security of your PHI in accordance with applicable laws and regulations.

**Criminal Activity or Threats to Personal Safety.** SMPLLC may disclose your PHI to law enforcement officials if SMPLLC reasonably believe that the disclosure will avoid or minimize an imminent threat to the health or safety of yourself or any third party.

**Compulsory Process.** SMPLLC may be required to disclose your PHI if a court of competent jurisdiction issues an appropriate order, and if the rule of privilege has been determined not to apply. SMPLLC may be required to disclose your PHI if SMPLLC has been notified in writing at least fourteen days in advance of a subpoena or other legal demand, no protective order has been obtained, and a competent judicial officer has determined that the rule of privilege does not apply.

**Essential Government Functions.** SMPLLC may be required to disclose your PHI for certain essential government functions in some limited circumstances. Such functions include: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.

**Law Enforcement Purposes.** SMPLLC may be authorized to disclose your PHI to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions: (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person's death, if it is suspected that criminal activity caused the death; (5) when it is believed that protected health information is evidence of a crime that occurred on SMPLLC premises; and (6) in a medical emergency not occurring on SMPLLC premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.

**Psychotherapy Notes.** SMPLLC may keep your psychotherapy notes as a separate record. In this case, SMPLLC must obtain your authorization to use or disclose psychotherapy notes with the following exceptions. SMPLLC may use the notes for your treatment. SMPLLC may also use or disclose, without your authorization, the psychotherapy notes for its own training, to defend itself in legal or administrative proceedings initiated by you, as required by the Washington Department of Health or the US Department of Health and Human Services to investigate or determine compliance with applicable regulations, 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 by law.

### **Uses and Disclosures of PHI With Your Written Authorization**

Other uses and disclosures of your PHI will be made only with your written authorization. SMPLLC will not make any other uses or disclosures of your psychotherapy notes, SSCC will not use or disclosure your PHI for marketing proposes, and SMPLLC will not sell your PHI without your authorization. You may revoke your authorization in writing at any time. Such revocation of authorization will not be effective for actions SMPLLC may have taken in reliance on your authorization of the use or disclosure.

### **Your Rights Regarding Your PHI**

You have the following rights regarding PHI that SMPLLC maintains about you. Any requests with respect to these rights must be in writing. A brief description of how you may exercise these rights is included.

**Right of Access to Inspect and Copy.** You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as SMPLLC maintains the record. A "designated record set" contains medical and billing records and any other records that SMPLLC uses for making decisions about you. Your request must be in writing. SMPLLC may charge you a reasonable cost-based fee for the copying and transmitting of your PHI. SMPLLC can deny you access to your PHI in certain circumstances. In some of those cases, you will have a right of recourse to the denial of access. Please contact SMPLLC if you have questions about access to your medical record.

**Right to Amend.** You may request, in writing, that SMPLLC amend your PHI that has been included in a designated record set. In certain cases, SMPLLC may deny your request for an amendment. If SMPLLC denies your request for amendment, you have the right to file a statement of disagreement with SMPLLC. SMPLLC may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**Right to an Accounting of Disclosures.** You may request an accounting of disclosures made for treatment purposes or made as a result of your authorization, for a period of up to six years, excluding disclosures made to you. SMPLLC may charge you a reasonable fee if you request more than one accounting in any 12-month period. Please contact SMPLLC if you have questions about accounting of disclosures.

**Right to Request Restrictions.** You have the right to ask SMPLLC not to use or disclose any part of your PHI for treatment, payment or health care operations or to family members involved in your care. Your request for restrictions must be in writing and SMPLLC is not required to agree to such restrictions. Please contact SMPLLC if you would like to request restrictions on the disclosure of your PHI. You also have the right to restrict certain disclosures of your PHI to your health plan if you pay out of pocket in full for the health care SMPLLC provides to you.

**Right to Request Confidential Communication.** You have the right to request to receive confidential communications from SMPLLC by alternative means or at an alternative location. SMPLLC will accommodate reasonable written requests. SMPLLC may also condition this accommodation by asking you for information regarding how payment will be handled or specification of an alternative address or other method of contact. Please contact SMPLLC if you would like to make this request.

**Right to a Copy of this Notice.** You have the right to obtain a copy of this notice from SMPLLC. Any questions you have about the contents of this document should be directed to SMPLLC.

**Right to Opt Out.** You have the right to chose not to receive fundraising communications. However, SMPLLC does not contact clients for fundraising purposes.

**Right to Notice of Breach.** You have the right to be notified of any breach of your unsecured PHI.

### **Contact Information**

Stacie McLean is the owner and sole member of Stacie McLean, LMHC, PLLC. She may be contacted at 6626 Wagner Way NW, Suite 200, Gig Harbor, WA 98335. Ph: 253-858-2224 x301, Fax: 253-858-2254.

### **Complaints**

If you believe SMPLLC has violated your privacy rights, you may file a complaint in writing with SMPLLC's owner and sole member as specified above. You also have the right to file a complaint in writing to the Washington Department of Health or to the US Secretary of Health and Human Services. SMPLLC will not retaliate against you in any way for filing a complaint.

### **Effective Date**

Effective date of this notice: **September 19, 2017**