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SCIENCE & COMPASSION

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Notice of Privacy Practices

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

Per Federal Regulation, your treatment provider is permitted to and may choose to use or disclose protected health information (information regarding your treatment at the Evidence Based Treatment Centers of Seattle, PLLC (EBTCS) or other relevant information that may identify you) without your authorization for the purposes listed below.

Please note that the ethical standards of mental health professionals are more stringent than this Federal Regulation in many cases and prohibit us from unnecessarily disseminating information about you. We will only do so as absolutely necessary and will use extreme caution with any information pertaining to you or your health status.

When it is important to do so, we will only use or disclose protected health information to the extent a recipient needs to know the information (the minimum necessary), and only if we believe the recipient will not disclose that information for any other purpose and will take appropriate steps to protect that information.

By law, mental health professionals shall safeguard the confidential information obtained in the course of practice, research, teaching or any other professional duties. With some exceptions set forth below, the mental health professional shall disclose confidential information to others only with the written consent of the client.

Your authorization is required to disclose psychotherapy notes, except in cases in which we must use such information to defend ourselves in a legal action or proceedings involving you.

If necessary, protected health information may be disclosed without your authorization for the following purposes:

1. **TREATMENT**: provision, coordination, or management of your health care and related services, such as coordinating treatment with a third party, consulting between providers, or referring you to another provider.
2. **PAYMENT:** obtaining reimbursement for provision of health care, such as contacting your insurance company.
3. **HEALTH CARE OPERATIONS**:
   (a) Conducting quality assessment and improvement activities, such as outcome evaluation;
   (b) Reviewing the competence, qualifications, or performance of health care professionals, such as evaluation of provider performance;
   (c) Conducting training programs, such as therapist supervision or training of non-health care professionals;
   (d) Accreditation, certification, licensing, or credentialing activities, such as program accreditation for training purposes;
   (e) Conducting or arranging for medical review, legal services, and auditing functions,

such as fraud detection programs;

(f) Business planning and development, such as cost-management analyses;

(g) Business management and general administrative activities, such as activities related to compliance with privacy standards.

4. **LEGAL REQUIREMENTS**: complying with legal requirements;
5. **PUBLIC HEALTH ACTIVITIES**: complying with public health activities such as controlling disease or reporting child abuse or neglect (State law requires we report suspected child abuse to the proper authorities);
6. **DOMESTIC VIOLENCE**: complying with statute/regulation/the law if we believe an individual is a victim of abuse, neglect, or domestic violence;
7. **HEALTH OVERSIGHT ACTIVITIES**: complying with requests from authority for purposes such as audits, investigations, or inspections;
8. **JUDICIAL AND ADMINISTRATIVE PROCEEDINGS**: responding to an order from the court or a subpoena (attorneys are required by State law to provide us with advanced notice in order to allow us to file for protective order to safeguard your information if appropriate to the situation);
9. **LAW ENFORCEMENT PURPOSES**: complying with legal requirements or requests such as helping to identify or locate a suspect, fugitive, material witness, or missing person;
10. **REGARDING DECEDENTS**: disclosing to a medical examiner, coroner, or funeral director;
11. **RESEARCH PURPOSES**: with permission from an Institutional Review Board or privacy board;
12. **AS NECESSARY TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY**: preventing or lessening serious and imminent threat;
13. **SPECIALIZED GOVERNMENT FUNCTIONS**: including those pertaining to Armed Forces, national security, and protecting the president;
14. **WORKERS' COMPENSATION**: complying with laws related to workers' compensation programs.
15. **REPRODUCTIVE HEALTH INFORMATION**: Protected health information related to reproductive health care may not be disclosed for the purpose of conducting any civil, criminal, or administrative investigation of, or imposing liability on, any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care. When a request for reproductive health information is received from entities such as law enforcement, oversight authorities, or for judicial or administrative proceedings we are required to obtain a signed attestation from the requesting party confirming that the use or disclosure is not for a prohibited purpose before releasing

In other instances, we may use or disclose without written authorization but provide you with an opportunity to agree or object to the use or disclosure. This will occur when a use or disclosure to a family member, relative, or close personal friend, or any other individual you identify, is important to provide these individuals with information regarding your health care, payment, location, general condition, or death, or to assist in disaster relief efforts. In emergency circumstances, we may not be able to obtain your agreement or objection; in these cases, we will use our professional judgment to act in your best interests.

The following is a description of the types of uses and disclosures that require authorization under 45 CFR 164.508(a)(2)-(a)(4).

(1) Any use or disclosure of psychotherapy notes, except: (i) to carry out the following treatment, payment, or health care operations: (A) use by the originator of the psychotherapy notes for treatment; (B) use or disclosure by us for our own training programs in which students, trainees, or

practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (C) use or disclosure by us to defend itself in a legal action or other proceeding brought by the individual; and

(2) A use or disclosure that, as more specifically described in 45 CFR 164.508(a)(3), is required to comply with an investigation regarding privacy regulation, is required by law, is required by an oversight agency with respect to the originator of the psychotherapy notes, is allowed to a coroner, medical examiner, or funeral director for purposes permitted by law; or is allowed to prevent or lessen serious and imminent threat to health or safety of a person or the public.

(3) Any use or disclosure of protected health information for marketing, except if the communication is in the form of: (A) a face-to-face communication made by us to an individual; or (B) a promotional gift of nominal value provided by the covered entity. (ii) If the marketing involves financial remuneration to us from a third party, the authorization must state that such remuneration is involved.

(4) Any disclosure of protected health information which is a sale of protected health information, as defined in § 164.501, which authorization must state that the disclosure will result in remuneration to us.

Other uses and disclosures will be made only with your written authorization and you may revoke such authorization as provided by § 164.508(b)(5).

Again, the ethical standards for mental health professionals are more stringent than this Federal Regulation in many cases and prohibit us from unnecessarily disseminating information about you. We will only do so as absolutely necessary and will use extreme caution with any information pertaining to you or your health status.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

You have the following rights:

1. The right to request restrictions on certain uses and disclosures of protected health information as provided by §164.522(a). EBTCS is not required to agree to the requested restriction, except in the case of a disclosure restriction under § 164.522(a)(1)(vi) related to restricting disclosures to health plans when you have paid for the services out-of-pocket;
2. The right to receive confidential communications of protected health information as provided by § 164.522(b), as applicable;
3. The right to inspect and copy protected health information as provided by § 164.524;
4. The right to amend protected health information as provided by § 164.526;
5. The right to receive an accounting of disclosures of protected health information as provided by § 164.528; and
6. The right to obtain a paper copy of this notice from EBTCS upon request.

We have the following duties:

1. We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information, and to notify you if you are affected by a breach of unsecured health information;
2. We are required to abide by the terms of the notice currently in effect; and
3. We reserve the right to change the terms of this notice and to make the new notice provisions

effective for all protected health information that we maintain. We will post the revised notice promptly.

You have the right to complain to us and/or to the Secretary of the U.S. Department of Health and Human Services. If you believe your privacy rights have been violated, you may file a complaint and submit it to our office manager. You will not be retaliated against for filing a complaint.

For further information, please contact the HIPAA Officer, Elizabeth Lagbas, at 206-374-0109.

This notice is in effect as of 10/1/2013.

Acknowledgment

I/We acknowledge receiving and reading a copy of the above information and have had the opportunity to ask whatever questions necessary for clarification.

Instructions for signing this form

All clients ages 18 and older must sign below. For clients ages 17 and under, a parent/legal guardian must sign below.

Client name (Required for all clients)	Client signature (Type NA if client is under age 18)	Date

Parent/guardian name (Type NA if client is 18 or older)	Parent/guardian signature (Type NA if client is 18 or older)	Date