

THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

By law, we are required to provide you with our Notice of Privacy Practices (NPP). This Notice describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information.

You have the right to:

- Inspect and copy your information;
- Request corrections to your information;
- Request an amendment to the PHI maintained as part of the client's PHI
- Write a statement of disagreement if a requested amendment is denied
- Request confidential communication;
- Request that your information be restricted;
- A report of disclosures of your information;
- Get a copy of this privacy notice;
- File a complaint if you believe your privacy rights have been violated;

We may use and share your information as we: • Treat you. Example, we use health information about you to manage your treatment and services

- Bill for your services. Example: we give information about you to your health insurance plan so it will pay for your services.
- Help with public health and safety issues. Example, we can report suspected abuse, neglect, suicidal ideation or homicidal ideation.
- Comply with the law. Example, we will share information about you if state or federal law require it.
- Respond to lawsuits and legal action. Example: we can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

- We must agree to restrict disclosures to health plans if the PHI pertains to a health care item or service for which we have been paid in full.
- We are not required to agree to other requested restrictions.

Changes to the Terms of this Notice:

We can change the terms of this notice and the changes will apply to all information, we have about you. The new notice will be available upon request, in our office and on our website.

Filing a Complaint: You can complain if you feel we have violated your rights by contacting us. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Effective Date of this Notice: _____

Contact Person: Tory Booth

Phone Number: 206-771-7543

Acknowledgement of Notice of Privacy Practices “I hereby acknowledge that I have received a copy of this practice’s **NOTICE OF PRIVACY PRACTICES**. I understand that if I have questions or complaints regarding my privacy rights that I may contact the person listed above. I further understand that the practice will offer me updates to the **NOTICE OF PRIVACY PRACTICES** should it be amended, modified, or changed in any way”.

Client or Guardian’s Name: _____ (please print)

Client or Guardian’s Signature: _____

Date: _____