

**Hartman Counseling & Psychological  
Services, PS, Inc.**

**NOTICE OF PRIVACY PRACTICES AND CLIENT  
RIGHTS**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL  
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. This information about you, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services, is referred to as Protected Health Information (“PHI”). This notice describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”).

**HOW WE MAY USE AND DISCLOSE PROTECTED  
HEALTH INFORMATION (PHI) ABOUT YOU**

In order to effectively provide care for you, there are times when we will need to share confidential information with others. This includes:

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care in order to provide, coordinate or manage your health care treatment and related services. This may include consultation with clinical supervisors or other treatment team members. An example of treatment would be if consult with another of your health care providers, such as your family physician. We may disclose PHI to any other consultant only with your authorization.

**For Payment.** We may use and disclose PHI so that we can collect payment for our treatment services from you, your insurance company, or another third-party. This will only be done with your authorization. For example, we may need to contact your insurance company to determine eligibility or coverage for insurance benefits, process claims with your insurance company, review the services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services,

we will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

**Required by Law.** Under the law, we must disclose your PHI to you upon your request. In addition, we 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.

**Follow-up Appointment/Care.** We may be contacting you to remind you of future appointments or information about possible treatment options and alternatives. We will leave appointment information as you instruct us and give us permission -- on your voicemail, answering machine, or email.

**Serious Threat to Health and Safety.** We may disclose your PHI to any person without authorization if we reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the safety of any other individual.

**Child Abuse.** If we have reasonable cause to believe that a child has suffered abuse or neglect, we are required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.

**Adult and Domestic Abuse.** If we have reasonable cause to believe that abandonment, abuse, financial exploitation or neglect of a vulnerable adult has occurred, we must immediately report the abuse to the Washington Department of Social and Health Services. If we have reason to suspect that sexual or physical assault has occurred, we must immediately report it to the appropriate law enforcement agency and to the Washington Department of Social and Health Services.

**Without Authorization.** Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. The following addresses these categories:

**Judicial and Administrative Proceedings.** We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

**Family Involvement in Care.** We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

**Health Oversight.** If required, we 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 based on your prior consent) and peer review organizations performing utilization and quality control.

**Law Enforcement.** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

**Specialized Government Functions.** We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

**Public Health.** If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

**Public Safety.** We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

## **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to your therapist, or to our Privacy Officer, Renee Hartman, PhD, 2320 130th, Suite 110, Bellevue, WA 98005.

1. **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set." A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
2. **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the

right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact your therapist if you have any questions.

3. **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the way we use or disclose your PHI for treatment, payment, or health care operations. We are not required to agree to your request. If we do agree, we will honor your restriction unless it is an emergency. We ask you to please make the request in writing.
5. **Right to Restrict Disclosure to a Health Plan.** If you have paid for the service has been paid in full by you (paid for out of pocket) or paid in full by another individual on your behalf, we are required to agree with your request to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations. Please make your request in writing.
6. **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request. For example, you may not want a family member to know that you are seeing your therapist. Upon your request, we will send your bills to another address.
7. **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

8. **Right to a Copy of this Notice.** You have the right to a copy of this notice.

## COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with your therapist or with our Privacy Officer, Renee Hartman, PhD, 2320 - 130th Ave NE, Suite 110, Bellevue, WA, 98005, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. We will not retaliate against you for filing a complaint.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

The effective date of this Notice is January 2020.