

Privacy Practices for Patti Nequette MA LMHC

Use and Disclosure of Personal Healthcare Information

Your personal healthcare information in a psychotherapy office refers to any medical or financial information that can reasonably be used to identify you and that relates to the treatment, payment, and operations of providing your mental health care. Psychotherapists keep written records that may include your name, address, phone number, social security number, employment, medical history, health records and claims or payment information. Your healthcare file may also include a diagnostic impression, a plan of treatment, dates of service, incidences of emergency, and progress notes or documents pertinent to your healthcare.

With your written consent, your healthcare information may be given to others providing care for you if such information is necessary to the coordination and continuity of your care. Your healthcare information may also be obtained from other practitioners and kept or recorded in your file for the purpose of assessing the best course of treatment for you. These communications may be in written, verbal, or electronic format.

With your approval, your healthcare information may also be used to process claims and to assess quality of care and improvement of services by your insurance company. It may also be used and/or disclosed in returning your phone calls or contacting you about appointments using voicemail messages and answering machines or in phone communications with your doctor, other healthcare provider, or emergency contact person. Therapists may also release information while consulting with other professionals for the purpose of improving your treatment.

You Have Client Rights

- You have the right to receive a paper copy of your therapist's privacy practices. If changes are made to the practices regarding your healthcare information, the notice will be updated. You may receive the most recent copy by calling for it or visiting the office to pick up a copy.
- You have the right to ask for restricted use and disclosure of your protected healthcare information. You will be advised by your therapist as to whether she is able to grant your request.
- You have the right to request to be allowed to see and get a copy of your protected healthcare information. Charges may be assessed to reproduce these records in accordance with state law.
- You have the right to ask for correction to any health information you believe to be inaccurate. You may write a statement of disagreement if your request is denied. Your statement will be stored in your record.

- You have the right to request a list of disclosures of your health information – you may receive this information without charge once every twelve months.
- You have the right to ask to be contacted by using another means or at another location.
- You have the right to cancel prior written authorizations to use or disclose healthcare information. Your revocation does not affect information that has already been released.

*Please note that all such requests from you regarding your rights listed above must **be in writing** with your signature and the date.*

Court Order, Emergency and Critical Incidence

In the State of Washington all personal healthcare information is considered privileged. Counselors are required to keep this healthcare information for a period of only five years following a client's last visit. In most cases, you must sign a release of information or give your written consent before any disclosure of your records can be made to other individuals, agencies, or insurance companies. As required of all psychotherapists however, there are some situations when identifying or healthcare information must be released, even without your written consent. Under the following circumstances, we are required by law to provide information to the appropriate authorities:

- When it is required by federal, state or local laws (i.e. when it is ordered by the court in judicial or administrative proceedings.)
- When there is reasonable cause to believe that child or elder abuse/neglect has occurred.
- When there is reasonable cause to believe that there is a clear and imminent danger to you/others or if you are no longer able to meet your basic needs.

Questions and Complaints

Please speak with Patti Nequette LMHC, if you have any questions or complaints concerning your protected healthcare information and your privacy rights. If you believe your rights have been violated, notify me immediately. You may also notify or file a complaint with the U.S. Department of Health and Human Services or with the Washington State Department of Licensing.

*These privacy policies are stated and practiced
in compliance with **HIPAA** - The Federal Health Insurance
Portability and Accountability Act.*