

Notice of Privacy Practices for Cynthia Hedlund, MA, LMHC

2950 Newmarket St, Suite 101, PMB 212
Bellingham, WA 99226
206.781.2350 cynthia@cynthiahedlund.com

Use and Disclosure of Personal Healthcare Information (PHI)

Privacy Practices stated and practiced in compliance with HIPAA
The Federal Health Insurance Portability and Accountability Act

Please read the following information regarding HIPAA. You will have the opportunity to ask questions for your clarification if you so choose. You will be asked to verify, via your signature, that you have received and read the information on this form on Cynthia Hedlund's *Consent to Treatment Attestation*.

Written Consent to Utilize PHI

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

With your written approval your healthcare information may be used to process insurance claims and to assess quality of care and improvement of services by your insurance company. It may also be used in returning your phone calls or contacting you about appointments using voicemail, text, and email. Information can also be disclosed with your consent to communicate with your doctor, or other healthcare provider(s), or with an emergency contact person. Therapists may also release information while consulting with other professionals for the sole purpose of improving your treatment.

Court Order, Emergency and Critical Incidence

While counselors in the State of Washington are strictly prohibited from utilizing PHI for any activity beyond health care operations (specifically not for fundraising, marketing or sales purposes), and may only utilize your PHI with your consent as described above, there are some exceptions when PHI must be released, even without your written consent. Counselors are required by law to provide information to appropriate professionals under the following circumstances:

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

You Have Client Rights Regarding Your Personal Healthcare Information - PHI

- The right to receive a paper copy of your therapist's privacy practices. If changes are made to the practices regarding your PHI, the notice will be updated. You may receive the most recent copy by requesting it of your therapist.
- The right to ask for restricted use and disclosure of your PHI. Your therapist will advise you as to whether she is able to grant your request.
- The right to request and be allowed to see and get a copy of your PHI. Charges may be assessed to reproduce these records in accordance with state law.
- The right to ask for correction to your PHI. If you believe your PHI is inaccurate, you may write a statement of disagreement if your therapist denies your request for correction. Your statement will be stored in your record.
- The right to request a list of disclosures of your PHI – you may receive this information without charge once every twelve months.
- The right to ask to be contacted by using another means or at another location.
- The right to cancel prior written consent to use or disclose your PHI. Your revocation does not affect information that has already been released.
- The right to notification in the event that a breach occurs that may have compromised the privacy or security of your PHI.
- The right to file a complaint if you believe your privacy rights have been violated.
- Please note that all such requests from you regarding your rights listed about must be in writing with your signature and the date.

Questions and Complaints

Please feel free to speak with me with any questions or complaints concerning your PHI in my office. If you believe your rights have been violated, I urge you contact me immediately. You may also notify the US Department of Health and Human Services or the Washington State Department of Licensing.