



## NOTICE OF PRIVACY PRACTICES

This notice describes what Anne Phillips Therapy & Consulting (Anne) will and won't do with information Anne has about me, and how I can get access to what she has done. Anne modeled this Notice on guidelines issued by the American Psychological Association, which in turn based their work on the Health Information Technology for Economic and Clinical Health (HITECH) Act modifications of 2013, and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

HIPAA requires all health care records and other individually identifiable health information used or disclosed to Anne in any form, whether on paper, orally, or electronically to be kept confidential. This federal law gives me rights to understand and control how my health information and how Anne may use and disclose this information.

Anne is required by federal and state law to protect the privacy of my health information. Anne is also required to give me this Notice about her privacy practices, legal obligations, and my rights concerning Protected Health Information (PHI). Anne must follow the privacy practices that are described in this Notice. These may be amended.

For more information about Anne's privacy practices, I will ask Anne. Additionally, there are many websites that address the privacy aspects of HIPAA.

### I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

#### A. Permissible Uses and Disclosures Without My Written Authorization

Anne may legitimately use and disclose some PHI, without my written authorization, for the purposes listed in this section. It is generally Anne's practice, however, to obtain my specific and written consent whenever possible, including to specific family members. Rarely emergent circumstances might arise when Anne might release pertinent information without my prior consent.

The standard for all such releases is that Anne discloses the "minimum necessary" for each function listed below. The examples provided are not exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

**1. Treatment:** Anne may use and disclose PHI in order to provide treatment to me. For example, Anne may use PHI to diagnose and provide counseling service to me. In addition, Anne may disclose PHI to other health care providers involved in my treatment.

**2. Payment:** Anne may use or disclose PHI so that services I receive are appropriately billed to, and payment is collected from, my health plan. By way of example, Anne may disclose PHI to permit my health plan to take certain actions before it approves or pays for treatment services.

**3. Health Care Operations:** Anne may use and disclose PHI in connection with health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities.

**4. Required or Permitted by Law:** Anne may use or disclose PHI when Anne is required or permitted to do so by law. For example, Anne may disclose PHI to appropriate authorities if Anne reasonably believes that I am a possible victim of violence or of other crimes, or to the extent necessary to avert a serious threat to my health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, medical examiners, or otherwise as authorized by law.

B. Permissible emergency disclosures not requiring my authorization, but to which I might object

**1. Family, those close to me, or persons involved in my care:** Anne may disclose my PHI to notify or assist in notifying persons responsible for my care. If I am present, Anne will provide me an opportunity to object. In the event of my incapacity or an emergency, Anne will use my prior expressed preference and Anne's professional judgment as to what is in my best interest.

**2. Disaster relief efforts:** Anne may use or disclose my PHI to a public or private entity authorized by law or charter to assist in disaster relief efforts for the purposes of coordinating notification or family members of my location, condition, or death.

C. Uses and Disclosures Requiring My Written Authorization

**1. Psychotherapy Notes:** Notes Anne makes documenting the content of our sessions will be used only by Anne and will not otherwise be used or disclosed without my written authorization.

**2. Marketing Communications:** Anne will not use my information for this purpose.

**3. Other Uses and Disclosures:** Uses and disclosures other than those described in Section I. A. will only be made with my written authorization. For example, Anne will only send PHI to my life insurance company, to a school, or to my attorney if I sign an authorization form requesting this. I may revoke such authorization at any time.

## II. YOUR INDIVIDUAL RIGHTS

**A. Right to Inspect and Copy.** I may request to see or have a copy of my medical and billing records and request copies of the records. I will make my request in writing. According to HIPAA, Anne may deny access to my records, or to Anne's psychotherapy notes about our sessions, or Anne may grant access only during an in-person session and for Anne's usual fee. Anne may also charge a fee for copying and sending me any records requested. If I am a minor, portions of the medical record will not be accessible to parents or guardians.

**B. Right to Alternative Communications.** I may request and Anne will accommodate any reasonable written request for me to receive PHI by alternative means of communication or at alternative locations.

**C. Right to Request Restrictions.** I have the right to request a restriction on PHI used for disclosure for treatment, payment, or health care operations. I will make my requests in writing. Anne will consider, but is not required to agree to my request.

**D. Right to Restrict Disclosure when you have Paid Out of Pocket.** I have the right to restrict disclosure of PHI to a health plan for the purpose of carrying out payment or healthcare operations, provided the disclosure is not required by law and the PHI pertains solely to a health care item or service paid in full by me or another on my behalf.

**E. Right to Accounting of Disclosures.** Upon written request, I may obtain an accounting of disclosures of my PHI made by Anne in the preceding 6 years.

**F. Right to Request Amendment.** I have the right to request that Anne amend my health information. I will make my request in writing, and explain my reason. Anne will consider, but may deny my request under certain circumstances.

**G. Right to Obtain Notice.** I may have a copy of this Notice at any time upon my request.

**H. Right to be Notified if there is a Breach of My Unsecured PHI.** I have a right to be notified if a) there is a breach involving my PHI; b) that PHI has not been encrypted to government standards; and c) Anne's risk assessment fails to determine that there is a low probability that my PHI has been compromised.

### **III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE**

**A. Effective date.** This Notice is effective September 23, 2013.

**B. Changes to this Notice.** Anne may change this Notice. If she does, Anne may make the new notice terms effective for all PHI that she maintains, including any information created or received prior to issuing the new notice. Anne will make any revised notice available to me on paper and through Anne's website: [annephillipstherapy.com](http://annephillipstherapy.com).

### **CONTACT INFORMATION**

I understand Anne is her own Privacy Officer. If I have any questions about this Notice of Privacy Practices, I will contact Anne.

Anne's contact information is:

Anne Phillips MA, LMHC, SEP      [AnneLPhillips@gmail.com](mailto:AnneLPhillips@gmail.com)  
753 N. 35<sup>th</sup> St. #309 Seattle, WA 98103      206-297-5929  
Washington License #LH00005782

## QUESTIONS or CONCERNS

If I believe Anne violated my privacy rights, I will bring it up with Anne so we can address my concerns. Additionally, I have the right to file a complaint in writing to Anne as her own Privacy Officer (see CONTACT INFORMATION above) or with the:

Secretary of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington D.C. 20201

or by calling (202) 619-0257

Anne will not retaliate against me for filing a complaint.

## Notice of Privacy Practices Receipt and Acknowledgment of Notice

I hereby acknowledge that I have received and have been given an opportunity to read a copy of "Notice of Privacy Practices." I understand that if I have any questions regarding the Notice or my privacy rights I can contact

Anne Phillips  
753 N. 35<sup>th</sup> St. #309  
Seattle, WA 98103  
(206) 297-5929  
AnneLPhillips@gmail.com

If I decline to sign this agreement electronically, I will print it, sign manually, and deliver it to Anne.

I agree that the electronic signature appearing on this document is the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Client Name:

Client Signature:

Date: