

## NOTICE OF PRIVACY PRACTICES (HIPAA)

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425-948-4055

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

I keep a record of the health care services I provide you. You may ask me to copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so.

As part of my professional practice, I maintain personal information about you and your physical and mental health. "Protected Health Information" (PHI) is information about you that may identify you and that relates to your past, present or future physical or mental health condition, services provided, or payment for those services. This Notice of Privacy Practices describes your rights regarding that information, how I *may* use and disclose that information and my duties to protect that information in accordance with applicable law and the *Social Work Code of Ethics*.

### **How I May Use and Disclose Health Information About You**

**For Treatment.** Your health information may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. An example of treatment would be when I consult with another health care provider, such as your family physician or another mental health provider involved in your care. In case of emergency, a family member may be contacted. In certain circumstances, I may contact you to discuss treatment options, or to provide follow up to a referral.

**For Payment.** Your PHI may be used or disclosed so that payment can be received for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing 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, only the minimum amount of PHI necessary for purposes of collection will be disclosed.

**For Health Care Operations.** Your PHI may be used or disclosed in order to support business activities including, but not limited to, quality assessment, licensing, and

conducting or arranging for other business activities. For example, your PHI will be shared 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.

**Without Your Authorization** State and Federal law also permits me to disclose information about you without your authorization in a limited number of situations, such as with a court order.

**With Your Authorization.** I must obtain written authorization from you for other uses and disclosures of your PHI. You may revoke such authorizations in writing in accordance with 45 CFR. 164.508(b)(5).

**Incidental Use and Disclosure.** I am not required to eliminate every risk of an incidental use or disclosure of your PHI. Specifically, a use or disclosure of your PHI that occurs as a result of, or incident to an otherwise permitted use or disclosure is permitted as long as I have adopted reasonable safeguards to protect your PHI, and the information being shared was limited to the minimum necessary.

### **Examples of How I May Use and Disclose Your PHI**

Listed below are examples of the uses and disclosures that I may make of your PHI. These examples are not meant to be a complete list of all possible disclosures, rather, they are illustrative of the types of uses and disclosures that may be made.

### **Other Uses and Disclosures Also Not Requiring Your Authorization**

**Required by Law.** I may use or disclose your health information to the extent that it's use or disclosure is required by law. Examples are: child or adult abuse/neglect reports, law enforcement reports, worker's compensation programs, reports to coroners and medical examiners in connection with the investigation of deaths, government functions, and public safety. Additionally, your PHI will be disclosed if you make a complaint against me to the Washington State Department of Health. I also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

**Health Oversight.** I may disclose your health information to a health oversight agency for activities authorized by law, such as my professional licensure. Oversight agencies also include government agencies and organizations that audit their provision of financial assistance to me (such as third-party payers).

**Public Health.** If required, your PHI may be used or disclosed 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.

**Fundraising.** Your PHI will not be used in any way for fundraising activities.

### **Other Uses and Disclosures Also Not Requiring Your Authorization**

**Threat to Health or Safety.** I may disclose your health information when necessary to minimize an imminent danger to the health or safety of you or any other individual.

**Business Associates.** I may disclose your health information to Business Associates that are contracted by me to perform health care operations or payment activities on my behalf. My contract with them must require them to safeguard the privacy of your protected health information.

**Compulsory Process.** I may be required to disclose your PHI if I have been notified in writing at least fourteen days in advance of a subpoena or other legal demand, no protective order has been obtained, and a competent judicial officer has determined that the rule of privilege does not apply.

### **Uses and Disclosures Requiring Your Written Authorization**

Other uses and disclosures of your PHI will be made only with your written authorization. I will not make any other uses or disclosures of your psychotherapy notes, I will not use or disclosure your PHI for marketing proposes, and I will not sell your PHI without your authorization. You may revoke your authorization in writing at any time. Such revocation of authorization will not be effective for actions I may have taken in reliance on your authorization of the use or disclosure.

### **Your Rights Regarding Your Health Information**

You have a right to:

§ **Request access to inspect or copy** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy "PHI" that has been 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 competing evidence that access would cause serious harm to you. A reasonable fee is charged for copies. You may also request that a copy of your PHI be provided to another person.

§ **Ask me to amend the health information** in your record if you believe it is incorrect or incomplete. Your request must be in writing and must provide the reason for your request. I am not required to agree to the amendment. If it is denied, you have the right

to file a statement of disagreement. I may prepare a rebuttal to your statement and will provide you with a copy.

§ **Seek an accounting of disclosures** by asking me in writing for a list of the disclosures I have made of your PHI, except for disclosures for treatment, payment and health care operations.

§ **Request restrictions or limitations** on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction. You also have the right to restrict certain disclosures of your PHI to your health plan if you pay out of pocket in full for the health care I provide to you.

§ **Request communication** with you by another means to preserve confidentiality. For example, if you want me to communicate with you at a different address or telephone number I can usually accommodate your request if it is reasonable. I will not ask why you are making the request.

§ **Breach Notification** if there is an unintended disclosure of unsecured PHI. In such case I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

§ **Receive a copy** of this notice.

§ **Right to Opt Out.** You have the right to choose not to receive fundraising communications. However, I will not contact you for fundraising purposes.

§ **Right to Notice of Breach.** You have the right to be notified of any breach of your unsecured PHI.

#### CHANGES TO THIS NOTICE

This notice, effective 09/22/2020, may be changed at any time. Any new Notice of Privacy Practices will be effective for all health information that I maintain at that time. A current Notice will be available through the Simple Practice Portal and posted at: [www.nancyadlerjones.com](http://www.nancyadlerjones.com).

#### Contact Information

I act as my own Privacy and Security Officer. If you have any questions about this Notice of Privacy Practices, please contact me. My contact information is: Nancy Adler-Jones, MSW, 21321 65th Ave SE, Suite B, Woodinville, WA 98072, 425-948-4055.

## **Complaints**

If you believe your privacy rights have been violated, you may contact me, the Privacy Officer at 425-948-4055, or submit your complaint in writing to Nancy Adler-Jones, MSW, Privacy Officer, 21321 65th Ave SE Suite B Woodinville, WA 98072. If I cannot resolve your concern, you may also contact the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

### **EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on 09/22/2020