



— Notice of Privacy Practices —

This Notice describes how medical information¹ about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

This notice becomes effective April 14, 2003

Purpose

Recognizing the trust you place in me as your counselor, I am committed to protecting the privacy of your personal information. I am also required by law to maintain this privacy, and to provide you with this detailed notice of my legal responsibilities and privacy practices relating to your personal healthcare information

This is a legal document required by federal regulations and therefore contains specific legal terms specified in federal law.

Record Keeping Practices

Standard practice requires me to keep an official record of your therapy process, including a general description of your emotional or psychological functioning, a diagnosis if required for insurance purposes, agreed-upon treatment goals, a list of symptoms, any medications, and some description of your progress throughout the time we work together. The content of your record is altered somewhat if I am seeing you as a member of a couple or family.

Your Rights Relating to Your Personal Healthcare Information

You have specific legal rights relating to your personal healthcare information. First, I am required by law to maintain the privacy of your information and to provide you with this document describing my legal duties and privacy practices with respect to the information I maintain about you. You also have the following rights:

You have the right (which may be restricted only in certain limited circumstances) to inspect and receive a copy of your personal healthcare information for as long as I maintain it. I am permitted to charge a reasonable, cost-based fee for copies.

You have the right to request that I amend your personal healthcare information if you believe that it is incorrect or incomplete. I am not required to agree to the amendment, but you have the right to file a statement of disagreement with me, and I am allowed to prepare a rebuttal to your statement— all which will go into your official record.

¹ This specific legal term refers to any information either I create (whether electronically or on paper) as a result of providing services to you, or receive about you that relates to your past, present, or future health, or payment for your healthcare, and that identifies you or which could conceivably be used to identify you.

You have the right to request restrictions on certain uses & disclosures of your healthcare information for purposes of treatment, payment or operations of my practice. You may also request that any parts of your personal healthcare information not be disclosed to your family members or friends who may be involved in your care. I am not required to agree to such a request. If I believe it is in your best interest to make such disclosures, I will not honor your restriction request.

You have the right to request confidential communications from me by alternative means or at an alternative address. I will accommodate reasonable requests and will not require an explanation of your request.

I may condition an accommodation on your providing information how payment will be handled, and/or for an alternative address or other method of contact.

You have the right to receive a copy of the required accounting of disclosures that I make of your personal healthcare information. This accounting documents non-routine disclosures or those made for purposes other than treatment, payment or operations of my practice. It also excludes disclosures I might have made to you or disclosures made at your request and accompanied by a specific written authorization of disclosure.

You have the right to obtain a paper copy of this notice.

If you believe your privacy rights have been violated by me, you have the right to file a written complaint with me and/or with the Secretary of Health & Human Services. I will not retaliate against you for filing such a complaint.

Uses & Disclosures of Your Healthcare Information

I may use your personal healthcare information for providing you treatment. To coordinate and manage your care, I may disclose your information to others of your current providers, and to the extent you have not raised an objection in writing, to your prior providers, or to other persons (including family members), involved in your care.

I may use your personal healthcare information on billing statements I send you and in my system for tracking charges and credits to your account. With your authorization, I may disclose your information to third party payers to obtain information concerning benefit eligibility, coverage, and remaining availability, as well as to submit claims for payment and disclose your healthcare information for medical necessity and quality assurance reviews.

I may use and disclose your personal healthcare information for the healthcare operations of my practice in support of the functions of treatment and/or payment. Such disclosures would include those for administrative, legal, or financial services to assist me in providing your healthcare treatment.

Other Uses and Disclosures that do not Require Your Authorization or An Opportunity to Object

I may use or disclose your personal healthcare information to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports, abuse and neglect reports, law enforcement reports, and reports to coroners and medical examiners in connection with investigation of deaths. I must also make disclosures to the Secretary of the Department of Health & Human Services for investigating or determining my compliance with the requirements of the Privacy Rule.

I may also disclose your personal healthcare 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 the provision of financial reimbursement to me, such as third party payers.

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

I may use your personal information to contact you to remind you of your appointments with me.

I may disclose your personal healthcare information to Business Associates that are contracted by me to perform professional services on my behalf that may involve their collection, use or disclosure of your personal information. My contract with these entities requires them to safeguard the privacy of your information.

I may disclose your personal healthcare information if a court of competent jurisdiction issues an appropriate order. I will also disclose your personal healthcare information if: 1) you and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, identifying the personal healthcare information sought, and the date by which a protective order must have been obtained to avoid my compliance; 2) no qualified judicial or administrative protective order has been obtained; 3) I have received satisfactory assurances that you received notice of an opportunity to have limited or quashed the discovery demand; and 4) such time has elapsed.

Uses & Disclosures of Your Personal Healthcare Information Made With Your Authorization

I will make other uses and disclosures of your personal healthcare information only with your written authorization. You may revoke this authorization in writing at any time, unless I have taken a substantial action in reliance on the authorization such as providing you with health care services for which I must submit subsequent claim(s) for payment.

Changes to this Notice of Privacy Practices

I am required to abide by the terms of this Notice of Privacy Practices, but I am also permitted to change the terms of this Notice at any time. Once a revision is in effect, it applies to all your personal healthcare information that I maintain whether you are still in treatment with me. You may request a copy of my revised Notice of Privacy Practices at any of your appointments or ask that one is mailed to you by leaving me a message on my answering machine.

Contact Information – Privacy Officer

If you have any questions regarding the Notice of Privacy Practices please contact the Privacy Officer listed below.

James Faust MA LMHC
677 Woodland Square Loop SE
Lacey, WA 98503
(360) 754-4712

Complaints

If you believe I have violated your privacy rights, you may file a complaint in writing with me. I will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of the Department of Health & Human Services, Office for Civil Rights, 2201 Sixth Avenue, Suite 900, Seattle, Washington 98121-1831, (206) 615-2287.