Seattle MIND Counseling
DOMINIQUE WALMSLEY, PhD, LMHC

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206.909.1097 | 2329 N 62nd Street | Seattle, WA 98103

Health Insurance Portability & Accountability [HIPAA] Privacy Policy

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this notice about my privacy practices, legal obligations, and your rights concerning your health information (Protected Health Information or PHI). I must follow the privacy practices that are described in this notice. For more information about my privacy practices, or for additional copies of this notice, please contact me. I may make changes to these policies, but they will be in accordance with the law.

Permissible Uses and Disclosures of Protected Health Information without Your Written Consent:

I may use or disclose your heath information without your written authorization, excluding Psychotherapy Notes as described later, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but to describe the types of uses and disclosures that are permissible under federal law.

1. **Treatment:** I may use and disclose PHI in order to provide treatment to you. For example, I may use PHI to diagnose and provide counseling service to you. In addition, I may disclose PHI to other health care providers involved in your treatment.
2. **Payment:** I may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan.
3. **Health Care Operations:** I may use and disclose PHI in connection with my health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities.
4. **Required or Permitted by Law:** I may use or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition, I may disclose PHI to the extent necessary to avert a serious threat to your 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, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.

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Permissible Uses and Disclosures of Protected Health Information Requiring Your Written Consent:

I may use or disclose your health information to anyone to whom you give me written authorization to have your health information, for any reason you want. You may revoke this authorization in writing any time that you want to. When you revoke an authorization, it will only affect your health information from that point on.

1. **Psychotherapy Notes:** Notes recorded by your clinician documenting the contents of a counseling session with you will be used only by your clinician and will not otherwise be used or disclosed without your written authorization.

Your Individual Rights

1. **Right to Inspect and Copy:** You may request access to your medical record and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. I may charge a few for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you.
2. **Right to Alternative Communications:** You may request, and I will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.
3. **Right to Request Restrictions:** You have the right to request a restriction on PHI used for disclosure for treatment, payment or health care operations. You must request any such restriction in writing addressed to the Privacy Officer as indicated below. I am not required to agree to any such restriction you may request.
4. **Right to Accounting of Disclosures:** Upon written request, you may obtain an accounting of certain disclosures of PHI made by me after February 1, 2007. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.
5. **Right to Request Amendment:** You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.
6. **Right to Obtain Notice:** You have the right to obtain a paper copy of this notice by submitting a request to the Privacy Officer at any time. I am my own Privacy Officer.
7. **Questions and Complaints:** If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact me at (206) 909-1097. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health

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and Human Services. I will not retaliate against you if you file a complaint with the Director or with me.

Effective Date and Changes to this Notice

Effective date of this notice is February 1, 2007. I may change the terms of this notice at any time. If I change this notice, I may make the new notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. If I change this notice, I will provide you with a copy upon request, or if you are currently in treatment, or if you have been in the past six years.