



**Notice of Privacy Practices  
to Protect the Privacy  
of Your Health Information**

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

**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may *use* or *disclose* your *protected health information (PHI)* for *treatment, payment, and health care operations* purposes when you consent to treatment. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you. *PHI does NOT include psychotherapy process notes that describe the content of our sessions together.* PHI includes your name, date of birth, diagnoses, medications, dates of therapy sessions, and type of treatment received (cognitive behavioral therapy, relaxation training, crisis intervention, etc.), prognosis, treatment plan, and results of testing.
- “*Treatment, Payment, and Health Care Operations*”
  - *Treatment* is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another therapist or a psychiatrist.
  - *Payment* is when I obtain reimbursement for your health care. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of healthcare operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within my office such as sharing, employing, applying, using, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

**II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain a release of information from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### **III. Patient's Rights and Therapist's Duties**

#### **Patient's Rights**

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bill to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of psychotherapy and billing records for as long as the record is maintained. I may deny your access under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process. We will provide a copy of your health information, usually within 15 business days of your request. We will charge a reasonable, cost-based fee.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for six years prior to the date you asked. This accounting will include disclosures where you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper or Electronic Copy* – You have the right to obtain a paper copy of this notice from me upon request.
- *Right to Choose Someone to Act for You* – If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure this person has this authority and can act for you before we take any action.
- *Right to File a Complaint* – If you feel we have violated your rights, you can complain to us using our contact information at the top of this page. See Section V below for additional information about complaints.

#### **Therapist's Duties**

- I am required by law to maintain the privacy of PHI and to provide you access to my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, the new notice will be available upon request, in our office, and on our website.

#### **IV. Complaints**

If you and your counselor agree to the course of treatment and the counselor deviates from the agreed treatment, you have the right to question the change and to end the counseling if that seems appropriate to you. We want you to know the acts that would be considered unprofessional conduct. If any of the following situations occur during your course of treatment, you are encouraged to contact the Department of Health at the address or phone number listed below to find out how to file a complaint against an offending counselor. The following situations are not identified to alarm you, but so that you can be an informed consumer of counseling. The conditions listed below give you a general idea of the kinds of behavior that could be considered a violation of the law:

- Abuse of a client or sexual contact with a client.
- Incompetence, negligence, or malpractice that harms a client or creates an unreasonable risk of harm to the client.
- Willful betrayal of a practitioner-client privilege as recognized by the law.
- The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of counseling or hypnotherapy. The act does not have to be a crime in order to be a violation of the law regulating counselors and hypnotherapists.
- Practicing counseling while suffering from a contagious or infectious disease in a way that would pose a serious risk to public health.
- Possession, use, or distribution of drugs except for legitimate purposes, addiction to drugs, or violation of any drug law.
- Habitual use or impairment from the use of alcohol.
- Misrepresentation of fraud in any aspect of the conduct of the profession.
- Advertising that is false, fraudulent, or misleading.
- Offering to treat clients by a secret method, procedure, or treatment.
- Promotion for personal gain of any drug, device, treatment or procedure that is unnecessary or has no acceptable benefit to the client.
- Conviction of any gross misdemeanor or felony relating to the practice of counseling.
- Violation of state or federal statute or rule that regulates counselors.
- Suspension, revocation, or restriction on the registration to practice counseling.
- Aiding an unregistered person to practice counseling when that person would be required to be registered.
- Violation of the rebating laws which includes payment for referral of clients.
- Interference with an invasion of use of threats or harassment against a client or witness to prevent them from providing evidence in a disciplinary proceeding.

New Growth Counseling Services does not fund raise.

If you have any complaints about the treatment you have received, about billing, or are concerned that I have violated your privacy rights, please raise them with me, and our Privacy Contact. If you are unhappy with our response you may contact:

Counselor Program, Section 7  
PO BOX 47869  
Olympia, WA. 98504  
1-360-236-4910

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services Office at 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting

[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). The office listed above can provide you with the appropriate address upon request.

**V. Effective Date, Restrictions and Changes to Privacy Policy**

This notice will go into effect June 2019.