

HIPPA NOTICE OF PRIVACY PRACTICES

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I keep a record of the health care services I provide you. You may ask to see and copy that record. You may also ask me to correct the record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes me or compels me to do so. You may see your record or get more information about it at 1015 1st Ave West Seattle WA, 98119.

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

Your Health Information Rights

The healthcare and billing records we create are the property of Caroline Plummer M.S., LMHC. The protected health information (PHI) in it belongs to you. You have a right to:

- Receive, read and ask questions about this Notice
- Ask me to restrict certain disclosures. You must deliver this request in writing to me.
- Receive from me a paper copy of the Notice. Request a copy of your records.
- Have me review a denial to access your records. Ask me change something in your records.
- Cancel prior authorization to use or disclose health information by giving me written revocation.
- You have the right to be notified of any breach of your unsecured PHI.
- You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as I maintain the record. A “designated record set” contains medical and billing records and any other records that I use for making decisions about you. Your request must be in writing. I may charge you a reasonable cost fee for the copying and transmitting of your PHI. I can deny you access to your PHI in certain circumstances. In some of the cases, you will have a right to recourse to the denial of access.
- Right to an accounting of disclosures. You may request an accounting of disclosures made for treatment purposes or made as a result of your authorization, for a period up to 5 years. I may charge you a reasonable fee if you request if you request more than one accounting in any 12- month period.

My Responsibility

I am required to:

- Keep your PHI private, unless authorized to give it out.
- Allow you to read this Notice and give you a copy if you want one.
- Update this notice if we make changes.
- Notify Family and Others for Public Health and Safety purposes as required by Law

Safety Purposes as Required by Law

- To prevent or reduce serious immediate threat to someone's health or safety
- To public health or legal authorities to prevent or control disease, injury, disability
- If you are hospitalized, I may tell your family or authorities so that you may receive proper care.
- Give Coroners Information consistent with applicable laws to allow them to carry out their duties.
- Report suspected Abuse and Neglect to public authorities.
- Give Correctional Institutions information for health and safety purposes if are in jail
- Give information for Law Enforcement purposes or in the course of Judicial Proceedings such as when I receive a subpoena, court order, or other legal process, or you are a victim of a crime.
- Give information for Specialized Government Functions for national security purposes.

How I am permitted to Use and Disclose Your PHI

Listed below are examples of how I may use your PHI.

Treatment. Your PHI may be used and disclosed by me for the purpose of providing, coordinating, or managing your health care treatment and any related services. This may include coordination or management of your health care with a third party, consultation or supervision activities with other health care providers, or referral to another provider for health care services.

Payment. Insurance plans require information about your diagnosis and treatment. In the case of unpaid fees, it may include submitting your name and amount owed to a collection agency.

Required by Law. I may use or disclose your PHI 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 of this type of disclosure include healthcare licensure related reports, public health reports, and law enforcement reports. In addition, I must make disclosures to the US Secretary of The Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of privacy rules.

Psychotherapy Notes. I must obtain your authorization to use or disclose psychotherapy notes with the following exceptions. I may use the notes for your treatment. I may use or disclose, without your authorization, the psychotherapy notes for my own training, to defend myself in legal or administrative proceedings initiated by you, as required by the WA State Dept of Health or the US Department of Health and Human Services to investigate or determine my compliance with applicable regulations, to avoid or minimize threat to anyone's health or safety.

Deceased Clients. I may disclose your PHI regarding deceased clients for the purpose of determining causes of death, in connection with laws requiring collection of death or other vital statistics, or permitting inquiry into the cause of death.

Abuse and Neglect. I may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect.

Compulsory Process. I may be required to disclose your PHI if a court of competent jurisdiction issues an appropriate order, and if the rule of privilege has been determined not to apply. I may be required to disclose your PHI if I have been notified in writing at least fourteen days in advance of 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 of PHI with 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. You may revoke your authorization at any time.

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:

Caroline Plummer M.S. LMHC
1015 1st Ave West
Seattle WA 98119
206-914-0154
carolinejplummer@gmail.com

Complaints

If you believe I have violated your privacy rights, you may file a complaint in writing with me, as my own Privacy Officer, as specified above. You also have the right to file a complaint with the

WA Dept of Health or to the US Secretary of Health and Human Services. I will not retaliate against you in any way for filing a complaint.

*The Department of Health
Health Professions Quality and Assurance Division
PO Box 47869
Olympia, WA 98504-7869 360-753-6200*

Record Keeping. Washington State law requires that therapists document services rendered with the following information, except as described below*

- Client name
- Fee arrangement and payment record
- Date/service rendered
- Disclosure form signed by counselor and client
- Presenting problem
- Information about client from session to session, or through release of information
- Progress notes sufficient to support responsible clinical practice

*Clients may request that no treatment records be kept, except points 1-4 above.

Recommended Course of Treatment is: _____

For more information about client and therapist rights and responsibilities, confidentiality, an assurance of professional conduct, please refer to the WA state Department of Health brochure for therapy clients. The disclosure is based on WAC 246-810-031.

By my signature below, I acknowledge I have read or received a copy of the HIPPA Notice of Privacy Practices, which includes a "Patient Bill of Rights".

Client Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____

*I request that my treatment records only contain the following information:

Client name, fee arrangement and payment record, Date/Service rendered, Disclosure form signed by counselor and client.

Client Signature: _____ **Date:** _____

