

Patricia McClure, MA, LMCHA
1730 Minor Ave East, Suite 1140
Seattle, WA 98101
206-226-7943
patti@oneowlcounseling.com

NOTICE OF PRIVACY PRACTICES

As a mental health counselor, I maintain health records about my clients. Your health record contains personal information about you and your health. Information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI. Please review this notice carefully.

It is my legal duty to safeguard your protected health information (PHI).

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of any revised Notice of Privacy Practices by emailing it to you upon your request or by providing one to you at your next appointment.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI 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. This includes sharing PHI with other clinicians for the purposes of consultation regarding your treatment. In the case of clinical consultation, I will not share any identifying information about you. For purposes other than clinical consultation, I may disclose PHI to other providers only with your written authorization.

For Payment. I may use and disclose PHI so that I can receive payment for the treatment services provided to you if another party is responsible for payment. This will only be done with your authorization. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

As Required by Law. Under the law, I must make disclosures of your PHI to you upon your request. In addition, I 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.

Without Authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations. The types of uses and disclosures that may be made without your authorization are:

- Required by Law, such as the mandatory reporting of child abuse or neglect, elder abuse or neglect or abuse or neglect of a developmentally disabled adult to mandatory government agency audits or investigations (such as the health department)
- Required by Court Order

Patricia McClure, MA, LMCHA
Notice of Privacy Practices

- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Information disclosed to prevent or lessen a serious threat will be disclosed only to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission

I may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time at your request.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

I am a Licensed Independent Mental Health Counselor (LMHCA). My license number is MC60574443. If at any time you believe I have violated your privacy rights, you have the right to file a complaint in writing with the Secretary of the Washington Department of Health and Human Services at:

Washington State Department of Health Systems
Quality Assurance Complaint Intake
P.O. Box 47857 Olympia WA 98504-7857

Email: HSQUComplaintIntake@doh.wa.gov
Phone: 360.236.4700
Fax: 360.236.2626

Patricia McClure, MA, LMCHA
Notice of Privacy Practices

I _____ have read and discussed to my satisfaction the Notice of Privacy practices provided to me by Patricia McClure, LMHCA. She has offered to answer any questions I may have and has offered a copy of the Notice of Privacy Practices to take for further reference should I choose to do so.

Signature

Date Signed