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NOTICES OF POLICIES AND PRACTICES FOR PROTECTION OF THE PRIVACY OF YOUR HEALTH INFORMATION Effective Date 2/2/2015

This notice describes how mental health and medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully. Federal law requires me to give you this notice.

I. Uses and Disclosure for Treatment, Payment and Health Care Operations

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

***PHI** refers to personal health information in your health record that could identify you.

***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 psychiatrist providing medication treatment.

Payment is when I obtain reimbursement for your health care. An example of payment is when I disclose your PHI such as a diagnostic code 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 operation of my practice. Example of healthcare operation are quality assessment and improvement activities within my office, such as sharing, employing, applying, utilizing, 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. All previously indicated conditions for release of your information apply, e.g. your consent.

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 an authorization from you

before relaying this information. I will also need to obtain an authorization before releasing your psychotherapy notes. Psychotherapy notes are ones I have made about our conversation during a private, joint, or family therapy 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 notes at any given time provided that each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; and (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.

The revised HIPAA rules now allow me (as opposed to your insurance company) to determine the minimum information necessary to disclose. An example would be when your insurance wants PHI from me to determine if our work falls under “medical necessity” to determine benefit. In all cases, I will discuss with you and allow you to read if you wish any information that I will disclose for those purposes. A health insurer cannot deny care or payment if you refuse to authorize the release of psychotherapy notes, but the Privacy Rule does not prohibit a health insurer from denying care or payment if the provider or patient is only relying on the minimum necessary rule to limit disclosure. You have the right to restrict certain disclosures of PHI to a health plan (insurance) if you pay out-of-pocket in full for your therapy. You may also restrict information disclosure for a given session if you pay out-of-pocket for it.

Other Uses and Disclosures. Uses and disclosures other than those described in this Notice will only be made with your written authorization. For example, you will need to sign an authorization form before I can send your PHI to your life insurance company or to your attorney. You may revoke any such authorization at any time by providing me with written notification of such revocation.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

Child abuse: if I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services (WDSHS).

Adult and domestic abuse: if I have reasonable cause to believe that abandonment, abuse, financial exploitation or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the WDSHS. If I have reason to suspect that sexual or physical assault has occurred, I will immediately report it to the appropriate law enforcement agency and WDSHS.

Health oversight: if the Washington State Department of Health subpoenas me as part of its investigations, hearings or proceedings relating to the discipline, issuance or denial of licensure of licensed clinical social workers, I must comply with its orders. This could include disclosing your relevant mental health information.

Judicial or administrative proceedings: if you are involved in a court proceeding in a request is made for information about the professional services that I have provided to you and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena, or a court order. The privilege does not apply when you are being evaluated for a third-party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Serious threat to health or safety : I may disclose your confidential mental health information to any person without authorization if I reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.

Worker's Compensation: if you file a workers compensation claim, with certain exceptions, I must make available, at any stage of the proceedings, all mental health information in my possession relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

IV. Uses and Disclosures that may be made without your authorization, but for which you have an opportunity to object:

Family and Other Persons Involved in Your Care.

In general, upon your death, I will not release any information from your PHI to family members or others unless you have given me prior written consent to do so.

Under certain conditions, I may use or disclose your PHI to notify, or assist in the notification of (including identifying or locating) your personal representative, or another person responsible for your care, location, general condition, or death. If you are present, then I will provide you with an opportunity to object prior to such uses or disclosures. In the event of your incapacity or emergency circumstances, I will disclose your PHI consistent with your prior expressed preference, and in your best interest as determined by my professional judgment. I will also use my professional judgment and my experience to make reasonable inferences of your best interest in allowing another person access to your PHI regarding your treatment with me.

Disaster Relief Efforts. I may use or disclose your PHI to a public or private entity authorized by law or its charter to assist in disaster relief efforts for the purpose of coordinating notification of family members of your location, general condition, or death.

Fundraising and Marketing. Per HIPPA, I must address the issue of using PHI for fundraising and marketing purposes. It is my policy to never use your PHI for fundraising and/or marketing purposes.

V. Patient Rights and Therapist Responsibilities

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. You have a right to inspect or obtain a copy or both of PHI and treatment notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny access to PHI 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 amendment process. You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization as described in section III of this notice. On your request, I will discuss with you details of the accounting process. You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive this notice electronically. I reserve the right to change the privacy policies 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 them I will provide you with a revised copy.

While the revised HIPAA regulations allow for me to disclose PHI to your other providers (e.g. psychiatrist, family physician) without your consent, I will continue to ask for a release of information from you as has always been my policy.

VI. Breach notification Addendum to Policies and Procedures

The HITECH Act added a requirement to HIPAA that mental health therapists and other health care providers must give notice to patients and to HHS if they discover that “unsecured” PHI has been breached. A “breach” is defined as the acquisition, access, use of disclosure of PHI in violation of HIPAA. Examples include: stolen or improperly accessed PHI; PHI inadvertently sent to the wrong provider; an unauthorized viewing of PHI by an employee in your practice. PHI is “unsecured” if it’s not encrypted to government standards.

1. When the practice becomes aware of or suspects a breach, the practice will conduct a risk assessment Unless the practice determines that there is low probability that PHI has been compromised, the practice will give notice of the breach.
2. The risk assessment can be done by a business associate if it was involved in the breach.

While the business associate will conduct a risk assessment of a breach of PHI in its control, the practice will provide any required notice to patients and HHS.

3. After any breach, particularly one that requires notice, the practice will reassess its privacy and security practices to determine what changes should be made to prevent reoccurrence of such breaches.

VII. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with the decision I made about access to your records, you may contact the Washington State Department of Health, Licensure Division, PO Box 1099, Olympia, WA 98507 or call 360-236-4928.

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICES OF POLICIES AND PRACTICES FOR PROTECTION OF THE PRIVACY OF YOUR HEALTH INFORMATION

By my signature below I, _____, acknowledge that I received a copy of the **NOTICES OF POLICIES AND PRACTICES FOR PROTECTION OF THE PRIVACY OF YOUR HEALTH INFORMATION**.

Signature of client _____

Printed name of client _____ Date _____

Signature of LICSW _____ Date _____

If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

For Office Use Only

I attempted to obtain written acknowledgement of receipt of our **NOTICES OF POLICIES AND PRACTICES FOR PROTECTION OF THE PRIVACY OF YOUR HEALTH INFORMATION**, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement