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NOTICE OF PRIVACY PRACTICES

The federal law commonly known as HIPAA requires that I describe how I may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This notice also describes your rights regarding health information I maintain about you and a brief description of how you may exercise these rights. I request that you sign an acknowledgment that you received a copy.

Uses and Disclosures of Protected Health Information (PHI)

A. Permissible Uses and Disclosures Without Written Authorization

I may use and disclose PHI without written authorization, excluding Psychotherapy Notes, for certain purposes as described below.

- 1. Treatment:** I may use and disclose PHI in order to provide treatment to clients. This includes discussing relevant issues with an immediate family member, significant other, or healthcare providers. However, you may request that I not have any contact with these people, including your physician.
- 2. Payment:** I may use or disclose PHI so that services are appropriately billed to, and payment is collected from, health plans. If I am forced to institute collection or legal procedures on your account, a minimum of PHI may have to be disclosed.
- 3. Health Care Operations:** I may use and disclose PHI in connection with health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities. In order to get the insurance or employee assistance program benefits that you or your employer purchased, you signed a blanket disclosure form that permits your treatment record to be shown to auditors and sent to health care managers. ***By law, this information is not to be shared with your employer.*** The mental health management company for your insurance plan or employee assistance program (EAP) requires that certain PHI be kept and disclosed to their clinical team. ***This information is held confidential.*** The information is used for monitoring of progress, approval of treatment, and statistics to improve quality of service. After therapy is concluded, the management company clinical staff or I may follow up with you by phone or questionnaire to evaluate effectiveness and satisfaction. Audits of my records may be conducted, but information identifying your participation in treatment ***will not be disclosed*** by the auditors. Some insurances and EAPs that use care management require that I document and report to them details of your mental status, psychiatric and substance-use history, related medical conditions, mental health evaluation and diagnosis, and treatment goals with each session's progress. ***If and when you are not using your insurance or EAP benefits, you may request that I limit my record-keeping to that minimum required by law, by signing a request form.***
- 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 a client is 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 the health or safety of a client 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. In addition, unless you choose not to permit me, I may disclose PHI when I remind you of your appointments, or send you information about treatment alternatives or other health related services.

- 5. Records of Disclosure.** Records of disclosure of PHI *without client authorization* will be maintained in the case record as required by HIPAA standards. Records of disclosure will include:
- A description of the information to be disclosed;
 - Who (individual or organization) is making the request;
 - Expiration date of the request;
 - A statement that the individual has the right to revoke the request;
 - A statement that information may be subject to re-disclosure by the receiving party;
 - Signature of the client or their representative and date;
 - If signed by a representative, a description of their authority to make the disclosure.

Records of disclosure will be maintained for at least six years from the time of signing.

B. Uses and Disclosures Requiring Written Authorization

- 1. Psychotherapy Notes:** Notes documenting the contents of a counseling session (“Psychotherapy Notes”) will not be used or disclosed without written client authorization.
- 2. Other Uses and Disclosures:** Uses and disclosures other than those described in Section A above will only be made with written client authorization. Clients may revoke such authorizations at any time.

Notice of Privacy Practices (NPP)

- Every attempt will be made in the first session to explain my Privacy Policy, address any restrictions to PHI and obtain a signature confirming receipt of NPP. In those situations where a signature is not possible, I will document my attempts to obtain the signature and the reasons for not doing so.
- I reserve the right to make changes in my Privacy Policies and Procedures. Language supporting this right will appear in my NPP. In those situations where changes are made to my Privacy Policies and Procedures, I will post those changes in my waiting room.
- I will obtain a written consent from all clients to release any and all information including claim payment information, except when required by law.

Access to Protected Health Information

- A. Right to Inspect and Copy.** Clients may request access to their medical record and billing records maintained by me in order to review and/or request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to those records. I may charge a fee for the costs of copying and sending any records requested. A parent or legal guardian of a minor will not have access to portions of the minor’s medical record related to mental health. Access will be granted within a reasonable time frame and no later than 30 days.
- B. Right to Request Amendment.** Clients have the right to amend their record by including a statement in the case file. The client’s request must be in writing and must explain why the

information should be amended. I may deny requests under certain circumstances.

- C. Right to Alternative Communications.** Clients may request, and I will accommodate, any reasonable written request to receive PHI by alternative means of communication or at alternative locations.
- D. Minimum Necessary.** With the exception of release of information for treatment purposes, any disclosure of PHI will provide only the minimum necessary information to comply with the request.
- E. Security of Records.** Appropriate safeguards will be taken to protect the security of PHI and reasonably protect it from intentional or unintentional disclosures.
- F. Right to Request Restrictions.** Clients have the right to request a restriction on PHI used for disclosure for treatment, payment or health care operations. Clients must request any such restrictions in writing addressed to me, Sandra Mathews, MSW. I am not required to agree to any restrictions clients may request.
- G. Right to Obtain Notice.** Clients have the right to retain the paper copy of my NPP, giving me the signature page only.
- H. Questions and Complaints.** Clients who require further information about their privacy rights or have concerns that I have violated their privacy rights are encouraged to contact me. Clients may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services.

Business Associates

- A. It is my policy to obtain a Business Associate Contract with any individual or organization who has access to PHI in my possession and who is not a covered entity under HIPAA or a member of my workforce.
- B. All Business Associate Contracts will include language that reasonably assures that the Business Associate will appropriately safeguard and limit their use and disclosure of PHI that I disclose to them. In the event I learn of a breach of the Business Associate Contract by the Business Associate, I will immediately take reasonable steps to correct the problem, including termination of the contract with the Business Associate and reporting to the Secretary of the Department of Health and Human Services.

Administrative Requirements—Privacy Official, Complaints and Grievances

- A. I, Sandra Mathews, MSW, am the designated privacy officer and contact person for my practice. Questions and concerns about violations of HIPAA requirements can first be directed to me.
- B. In the event a breach of confidentiality is reported, I will review the complaint and compare the action I took against HIPAA regulations. In this process I will take reasonable steps to obtain expert opinion and review of my practice to determine if a breach has occurred. If I find that a breach has occurred I will take immediate steps to come into compliance with HIPAA regulations.
- C. Clients will be informed in my NPP of the proper procedure for filing a complaint. At no time will I intimidate, threaten, coerce, discriminate or retaliate against anyone making a complaint against me, nor will clients be asked to waive their rights to receive treatment for filing a complaint against my practice.
- D. As changes in HIPAA regulations are implemented, I will update my policies, practices and notices to comply with the new regulations. Changes will be posted and available in my waiting room.
- E. All policies pertaining to HIPAA will be retained by my practice for at least six years from the date they are written or the date they are in effect, whichever is later, even if policies and procedures change.

Preemption of State Law

I will comply with all state laws pertaining to my practice. In the event that a state law conflicts with HIPAA regulations, I will adhere to the regulation or law that offers clients more stringent protection of PHI.

Policies Pertaining to Employees

- A. My business associate has been trained in the use and disclosure of PHI, with and without authorization, and will be updated annually hereafter. She has signed a contract assuring her appropriate safeguarding and limiting of access to PHI that is necessary to complete her job duties.
- B. Any future employee will sign such a contract as well.
- C. Any employee will be trained to understand the concept of minimum necessary in disclosure of PHI. Employees will be given access only to that PHI necessary to complete their job duties. Any employee who violates these policies and procedures will be subject to disciplinary action up to and including termination of employment.
- D. Employees will be encouraged to report any potential conflict between HIPAA regulations and practice procedures. No employee will be punished for reporting infractions. Employees will not be required to participate in a practice that they feel, in good faith, is illegal.
- E. Employees will be trained in security awareness.
- F. Policy and Procedure Manuals will be available to all staff. All previous policy manuals will be available to employees for at least six years from the date of creation or date when the policy was last in effect, whichever is later.
- G. Employees will be encouraged to respond to and cooperate with requests from DHHS for information. Employees will be trained in the procedures for responding to an investigation.

Consent for Use and Disclosure of Healthcare Information

- I have received a copy of this Notice of Privacy Practices.
- I have had an opportunity to read and discuss it with the provider, Sandra Mathews, MSW.
- I understand and agree to its contents.

Client

Date

Client

Date

Therapist

Date