

**Dawn Stremel, MA, LMFT**  
 Licensed Marriage and Family Therapist  
 611 Columbia St. NW Suite 2A  
 Olympia, WA 98501 360-705-1492  
[www.dawnstremel.com](http://www.dawnstremel.com)

## **HIPAA COMPLIANCE – NOTICE OF PROVIDER’S POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION**

This notice describes how mental health information about you may be used and disclosed, and how you can get access to this information. This information will include Protected Health Information (PHI), as that term is defined in privacy regulations issued by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and, as applicable, RCW Chapter 70.02 entitled “Medical Records – Health Care Access and Disclosure.” Please review it carefully.

Dawn Stremel, MA, Licensed Marriage and Family Services respect your privacy. I understand that your personal health information is very sensitive. I will not disclose your information to others unless you tell me to do so, or unless the law authorizes or requires me to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to those services. Federal and state law allows me to use and disclose your protected health information for purposes of treatment and health care operations. State law requires me to get your authorization to disclose this information for payment purposes (insurance only).

### **1. Examples of Uses and Disclosures of Protected Health Information for Treatment, payment, and Health Care Operations:**

Dawn Stremel, MA, may use or disclose your protected 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 information in your health record that could identify you.
- “*Treatment, payment and Health Care Operations*”
  - \*“*Treatment*” is when a provider provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when a provider consults with another health care provider, such as your family physician or another mental health provider.
  - \*“*Payment*” is when provider obtains reimbursement for your health care. Examples of payment are when provider discloses 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 provider’s practice. Examples of health care 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 a provider’s office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of provider’s office, such as releasing, transferring, or providing access to information about you to other parties.

### **2. Uses and Disclosures Requiring Authorization**

Provider 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 a provider is asked for information for purposes outside of treatment, payment, and health care operations, provider will obtain an authorization from you before releasing this information (“Release of Information”).

You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) the provider has 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.

### **3. Uses and Disclosure with Neither Consent nor Authorization**

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

- **Child Abuse:** If provider has reasonable cause to believe that a child has suffered abuse or neglect, provider is required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.
- **Adult and Domestic Abuse:** If provider has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, provider must immediately report the abuse to the Washington Department of Social and Health Services. If provider has reason to suspect that sexual or physical assault has occurred, provider must immediately report to the appropriate law enforcement agency and to the Department of Social and Health Services.
- **Serious Threat to Health or Safety:** Provider may disclose your confidential mental health information to any person without authorization if provider reasonably believes that disclosure will avoid or minimize imminent danger to your health or safety, or to the health or safety of any other individual.
- **Health Oversight:** If the Washington Licensing Board subpoenas provider as part of its investigations, hearings or proceedings relating to the discipline, issuance or denial of licensure of state licensed providers, provider 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 and a request is made for information about the professional services that provider has provided to you and the records thereof, such information is privileged under state law, and provider will not release information with 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 provider 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.
- **Worker’s Compensation:** If you file a worker’s compensation claim, with certain exceptions, provider 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 Washing Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

### **4. Other Uses and Disclosures of Protected Health Information**

- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

### **5. Patient’s Rights and Provider’s Duties**

#### **Patient’s Rights:**

- Receive, read, and ask questions about this Notice – You have the right to request and receive a paper copy of the most current Notice of Privacy Practices for Protected Health Information from your provider.

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. You must deliver this request in writing to your provider. However, your provider is not required to agree to a restriction you request but will comply with any request granted.
- Cancel prior authorizations – You have the right to cancel prior authorizations to use or disclose health information by giving written revocation to your provider. Your revocation does not affect information that has already been released. It also does not affect any action taken before your provider has your revocation. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are receiving treatment. Upon your written request, your provider will send your PHI to another address).
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in your provider’s mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your provider may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. Upon your request, your provider will discuss with you the details of the request and denial process.
- Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your provider may deny your request. On your request, your provider will discuss with you the details of the amendment process. You may write a statement of disagreement if your request is denied. It will be stored in your medical record and included with any release of your records.
- Right to an Accounting – 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 5 of this Notice). This will not include disclosures to third-party payors. You may obtain this information without charge once every 12 months. Your provider will notify you of the cost involved if you request this information more than once in 12 months.

### **My Responsibilities:**

I am required to:

- Keep your protected health information private
- Give you this Notice
- Follow the terms of this Notice

I have the right to change my practices regarding the protected health information I maintain. If I make changes, I will update this Notice. You may receive the most recent copy of this Notice by calling and asking me for it or by asking for it in person.

### **To Ask for Help or Complain:**

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact me directly at 360-705-1492. If you believe your privacy rights have been violated, you may discuss your concerns with me directly. You may send a written complaint to the Washington State Department of Health at: 510 4<sup>th</sup> Avenue W, Suite 404, Seattle, WA 98119. I respect your right to file a complaint with me, my supervisors, or with the US Secretary of Health and Human Services. If you complain, I will not retaliate against you.