



## CONFIDENTIALITY & MEDICAL RECORDS

This document contains important information about your rights regarding confidentiality and your medical records. Please read it carefully, as you did with our office policy. Make a note of any questions you might have so we can discuss them. When you sign this document, it will represent an agreement between us.

### CONFIDENTIALITY

The State of Washington, and the federal Health Insurance Portability and Accountability Act (HIPAA), allow most issues discussed with our Psychologists to remain confidential. These laws protect your right to privacy. For example, the information that we record in our psychotherapy notes is protected by HIPAA and cannot be used or disclosed without your specific, written authorization (there are a few exceptions, please see below).

Other health information is provided with somewhat less protection by state and federal law. Examples include information pertaining to medication prescription and monitoring, counseling session start and stop times, dates of treatment, results of clinical testing, and summaries of patient's diagnosis, functional status, the treatment plans, symptoms, prognosis, and progress in treatment. This information is called Protected Health Information (PHI) because it is still safeguarded and can be released only in limited circumstances and for specific reasons. In particular, it may be used or disclosed for purposes of treatment, payment, or health care operations.

- Treatment involves the provision, coordination or management of your health care and other services that are related to your health care. An example of treatment would be my consulting with another health care provider, such as your family physician or another counselor.
- Payment involves our reimbursement for your healthcare. This can include the disclosure of your PHI to your health insurer, when required, to obtain reimbursement or to determine benefit eligibility or coverage.
- Health Care Operations are the activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related mailers such as audits and administrative services, and case management and care coordination.

By signing this document, you provide your consent for us to use and disclose your PHI for these three purposes.

There are some instances in which your right to confidentiality is automatically waived. Any or all of your health information, including anything in my psychotherapy notes, may be released, even without your consent or written authorization, in the following circumstances:

- If we become aware that you or another person may be abusing, exploiting, or neglecting a child under the age of 18, a dependent adult, a developmentally disabled person, or an elderly person, a report must be made to the appropriate authorities. (RCW 26.44)
- If you become a danger to yourself or others, we must protect the other person(s) and you by warning the other person(s) at risk and reporting the danger to the appropriate authorities. (RCW 71.05.120)
- If you become mentally ill and become unable to take care of your basic needs or become a danger to yourself or others and also refuse treatment, we must report your condition to the authorities. (RCW 71.05)
- If you tell me that you are suffering from HIV-related illnesses and do not have a physician providing for your care, we must report the identities of your IV-drug using or sexual partner(s) to the local health care offices. (WAC 248-100-072)
- If my professional licensing board subpoenas me as part of its investigation about the professional services that we have provided to you and the records thereof, such information is privileged under state law and we will not release information without the written authorization of you or your legal representative or a court order signed by a judge. 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. (RCW 18.83.110, RCW 71.05.390, and RCW 71.05.630)
- If you file a worker's compensation claim, with certain exceptions, we must make available upon request, at any state 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 Washington State Department of Labor and Industries (RCW 51.36.110)

In all other instances beyond those listed, we will obtain an authorization from you before using or disclosing any of the health information. A valid authorization must be written and signed by you and specify the recipient of the information (including the institutional affiliation of this individual) and the particular information to be used or disclosed. For example, if you would like us to speak with a family member, you can complete an "Authorization to Disclose" form. A written authorization is valid for no longer than 90 days from the date you sign it. You may revoke an authorization at any time, as long as the revocation is in writing. You may not revoke an authorization for information that has already been disclosed based on that authorization.

Neither may you revoke an authorization that was obtained as a condition of obtaining insurance coverage.

**YOUR RIGHTS REGARDING YOUR HEALTHCARE INFORMATION**

You have the following rights concerning the health information that we maintain for you (for as long as your records are maintained – a minimum of 7 years).

- Right to Request Restrictions – You may request restrictions on certain uses and disclosures of PHI. We may deny your request under certain circumstances, but in some cases you may have this decision reviewed.
- Right to Receive Confidential communication by Alternative Means and at Alternative Locations – For example, if you did not want your family to know that you are in treatment, you could request that we send your bills to another address.
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes. This request must be made in writing and, if you request a copy of the information, you may be charged a fee for the associated costs (e.g. copying). We may deny your access to this information under certain circumstances, but in some cases you may have this decision reviewed. Because the information in psychotherapy notes is sensitive and potentially upsetting, we strongly recommend that you review these notes with me, should you choose to request a copy.
- Right to Amend – If you feel that the information we have about you is incorrect, you may ask that we amend the information. We may deny your request under certain circumstances. In some cases, you may have this decision reviewed.
- Right to complaints – if you are concerned that I have violated your privacy rights or you disagree with a decision made about access to your records, you may contact me at (360) 236-0206. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services; this address will be provided upon request.
- Right to a Copy of this Document – You may receive a copy of this document upon request.

The Washington State Examining Board of Psychology has released a booklet titled, *Considering Seeking Help from a Psychologist? An Introductory Guide to Services a Psychologist May Provide and Your Rights as a Client*. I encourage you to read through this booklet so that you can fully understand your rights as a client. A copy of this booklet is available online or you can request a hard copy through the Washington State Examining Board, 1-800-525-0127.

**CHANGES TO THIS CONFIDENTIALITY & NOTICE POLICY**

From time to time we may change the confidentiality and notice policies described in this document; we will attempt to notify you of any changes.

**INFORMED CONSENT**

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

**Please print your name:** \_\_\_\_\_ **Please sign your name:** \_\_\_\_\_

If treatment is for your child or legal dependent, please print the child’s or dependent’s name:  
\_\_\_\_\_

**Today’s Date:** \_\_\_\_\_