



Lauri Laureano MA, LMHCA  
425-346-7114

205 Avenue C  
Snohomish WA 98290

### **Notice of Privacy Practices**

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

THIS NOTICE CONTAINS INFORMATION ABOUT THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA), A FEDERAL LAW THAT PROVIDES PRIVACY PROTECTIONS AND PATIENT'S RIGHTS WITH REGARD TO YOUR PERSONAL PSYCHOLOGICAL AND MEDICAL INFORMATION. THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY DISCUSS ANY QUESTIONS ABOUT THIS NOTICE WITH YOUR THERAPIST.

#### **1. OUR COMMITMENT TO YOUR PRIVACY:**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

**The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.**

#### **2. If you have questions about this Notice, please contact:**

**Lauri Laureano, MA, LMHCA, 205 Avenue C, Snohomish WA 98290, 425-346-7114.**

#### **3. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

We may use or disclose your protected health information for treatment, payment, and health care operations purposes with your written authorization. The following definitions are provided to help you understand these terms:

**Protected health information:** This term refers to information in your health record that could identify you.

**Treatment:** Treatment is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your family physician or another psychologist.

**Payment:** Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your protected health information to your health insurer to obtain reimbursement for your health care or to determine eligibility, benefits and/or coverage. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

**Health Care Operations:** Health Care Operations are activities that relate to the performance and operation of our practice and to review our treatment procedures and business practices.

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.

**Appointment Reminders:** Our practice may use and disclose your PHI to contact you and remind you of an appointment.

**Disclosures required by law:** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

**Use:** This term applies only to activities within our clinic such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you and which may be necessary for certification, compliance and licensing activities.

**Disclosure:** This term applies to activities outside of our clinic, such as releasing, transferring, or providing access to information about you to other parties. **Authorization:** This means your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

### **3. OTHER USES AND DISCLOSURES REQUIRING AUTHORIZATION**

We may use or disclose protected health information for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes your therapist has made about conversations during a private, group, joint, or family counseling session, which are kept separate from the rest of your record. These notes are given a greater degree of protection than protected health information. You may revoke all such authorizations (to use or disclose protected health information or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage since the law provides the insurer the right to contest the claim under the policy.

### **4. USES AND DISCLOSURES WITHOUT AUTHORIZATION**

We may use or disclose protected health information without your consent or authorization in the following circumstances:

**Serious Threat to Health or Safety** - If you or your child communicates to our staff a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury to another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that your child presents an imminent, serious risk of physical or mental injury or death to him/herself, we may make disclosures we consider necessary to protect him or her from harm.

**Child Abuse** - If we have reasonable cause to believe a child known to us in our professional capacity may be an abused child or a neglected child, we must report this belief to the appropriate authorities. If we have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.

**Adult and Domestic Abuse** - If we have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.

**Health Oversight Activities** - We may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.

**Lawsuits and similar proceedings:** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**Judicial and Administrative Proceedings** - If your child is involved in a court proceeding and a request is made for information by any party about his/her evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and we must not release such information without a court order. We can release the information directly to you on your request. Information about all other psychological services is also privileged and cannot be released without your authorization 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 must be informed in advance if this is the case.

**Law enforcement:** We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,
- Concerning a death we believe has resulted from criminal conduct,
- Regarding criminal conduct at our offices,
- In response to a warrant, summons, court order, subpoena or similar legal process,
- To identify/locate a suspect, material witness, fugitive or missing person,
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description,

identity or location of the perpetrator).

**Serious threats to health or safety:** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**Military:** Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**National security:** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

**Inmates:** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

**Worker's Compensation:** We may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

#### **4. PATIENT'S RIGHTS AND THERAPIST'S DUTIES**

**Patient's Rights:** You have the following rights regarding the PHI that we maintain about you:

**Right to Request Restrictions** – You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that

we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to Lauri Laureano MA, LMHCA at the above address included in this document. Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit our practice's use, disclosure or both,
- To whom you want the limits to apply.

***Right to Receive Confidential Communications by Alternative Means and at Alternative***

***Locations*** - You have the right to request and receive confidential communications of protected health information by alternative means and at alternative locations. For example, you may request that we use an address other than your home address for written communications or request that we contact you at a telephone number of your choice. In order to request a type of confidential communication, you must make a written request to Lauri Laureano MA, LMHCA at the above address specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

***Right to Inspect and Copy*** - You have the right to inspect or obtain a copy (or both) of protected health information in our mental health and billing records used to make decisions about you for as long as the information is maintained in the records. Upon your request, we will discuss with you the details of the request to inspect and copy.

***Right to Amend*** - You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Lauri Laureano MA, LMHCA at the above address. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

***Right to an Accounting*** – All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented – for example, the Naturopathic Doctor sharing information with another clinician at our office (if you signed a release); or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Lauri Laureano MA, LMHCA at the above address. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

***Right to a Paper Copy*** - You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Lauri Laureano MA, LMHCA at the above address in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny

your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

***Right to provide an authorization for other uses and disclosures*** - Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note*: we are required to retain records of your care.

**Therapist Duties:**

We are required by law to maintain the privacy of protected health information and to provide you with a notice of our legal duties and privacy practices with respect to protected health information.

We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If we revise our policies and procedures, your therapist will provide you with a revised notice.

**5. QUESTIONS AND COMPLAINTS**

If you have questions about this Notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Lauri Laureano MA, LMHCA, 425-346-7114.

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to Lauri Laureano MA, LMHCA, 205 Avenue C, Snohomish WA 98290.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Lauri Laureano will provide you with the appropriate address upon request.

You have specific rights under the HIPAA Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

6. Effective Date This Notice will go into effect on January 1, 2014.