



Melissa Van Beck

M.S., L.M.H.C.
Counseling and Psychotherapy

Notice of Privacy Practices

I am required by the Health Information Portability and Accountability Act (HIPAA) to protect your health information. I am also required to give you this notice about my privacy practices and your rights concerning your protected health information. You may request a copy of this notice at any time.

Ethical Guidelines for Washington State's Licensed Mental Health Counselors are, in many instances, much stricter than the HIPAA rule. When that is the case, the more stringent guideline/rule takes precedence (See my Disclosure Statement).

What is Protected Health Information?

“Protected Health Information” or PHI is your identifiable health information. It becomes PHI when it is transmitted or maintained in any kind of record. PHI relates to your past, present or future physical or mental health conditions, and the health care you receive. It also includes any past, present or future payment for your health care.

You will notice I take copious notes during our sessions. These are my own therapy notes, kept separate from your PHI, and are **NOT** subject to disclosure.

Uses and disclosures of protected health information

I may use and disclose your protected health information for treatment, payment, and health care operations. **Whenever possible, I will first obtain written authorization from you.**

Treatment: In order to provide, coordinate or manage your health care and any related services, I may use and disclose your PHI. For example, I would disclose your protected health information, as necessary, to your physician, or to a physician to whom you have been referred.

In addition, I may disclose your PHI to another physician or health care provider (e.g., specialist or laboratory) who, at the request of your physician, becomes involved in your care.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services.

I contract with *Sandy's Billing Service*, with whom I have a written agreement that contains terms that will protect your privacy.

Health Care Operations: I may need to use your PHI in order to conduct certain business and operation activities. For example, if I need to contact you by telephone or mail to remind you of your appointment.

Uses and Disclosures Based on Your Written Authorization: You may give me written authorization to use your PHI or to disclose it to anyone for any purpose. If you give me an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Public Health and Safety: If I believe you or others are at imminent risk I must alert the appropriate public health authority.

Health Oversight: I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigation and inspections. Oversight agencies seeking this information may include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: If I believe a child is being abused or neglected I must disclose the relevant information to Child Protection.

Required by Law: I may use or disclose your PHI when required to do so by law. For example, I must disclose your protected health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether I am in compliance with federal privacy laws. I may disclose your protected health information when authorized by workers' compensation.

Process and Proceedings: I must disclose your protected health information in response to a court order. Under limited circumstances, such as a court order, warrant or grand jury subpoena, I may disclose your protected health information to law enforcement officials.

Patient rights

Access: With limited exceptions, you have the right to look at or get copies of your protected health information. The request should be made in writing. If you request copies, the charge will be \$1.00 for each page and \$10 per hour for staff time, plus postage if you want the copies mailed to you. If you prefer, I will prepare a summary of the requested material.

Accounting of Disclosures: If, after April 14, 2003, my billing associate or I disclose your PHI for purposes other than treatment, payment or health care operations you may request a list of those disclosures. After April 14, 2009 the accounting will be available for the past six (6) years.

When you ask, I will provide you with the date and to whom I disclosed your protected health information. I will also include a description of the protected health information and the reason for the disclosure. Your first request in a 12-month period is free.

Restriction Requests: You may want additional restrictions placed on the use or disclosure of your PHI. If we both agree to these additional restrictions, I will abide by our agreement (except in an emergency). Any agreement must be in writing and signed by you and me.

Confidential Communication: You may want me to communicate with you in confidence about your PHI, but by alternative means or to an alternative location. I will do my best to accommodate you. Your request must be in writing, specify the alternative means/location and the billing/collection procedure.

Amendment: You may want me to amend your PHI. Your request must be in writing, and it must explain why the information should be amended. If I did not create the information you want amended or for certain other reasons, I may disagree with you. In that case, I will provide you with a written explanation. You may then respond with a statement that will be added to the information you wanted amended. If I agree with you, I will make reasonable efforts to inform others of the correction, including people or entities you name, and to include the changes in any future disclosures of that information.

Question and Complaints

If you want more information about my privacy practices or have questions or concerns, please feel free to ask me.

If you believe that I may have violated your rights to privacy, or you disagree with a decision I made about access to your protected health information, you may make a written complaint to me, which will be added to your PHI. You also may submit a written complaint to the U.S. Department of Health and Human Services. I will provide you with the address.

I will not retaliate in any way if you choose to file a complaint.