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## **NOTICE OF PRIVACY PRACTICES.**

The privacy of your health information is important to me. I will maintain the privacy of your health information and 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 federal law known as HIPAA (Health Insurance Portability and Accountability Act of 1996) requires that I take additional steps to keep you informed about how I may use information I have gathered in order to provide health care services to you. As part of this process, I am required to provide you with the attached Notice of Privacy Practices and to request that you sign the attached written acknowledgement that you received a copy of the Notice. The Notice describes how I may use and disclose your protected health information to carry out treatment, payment of 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. **PLEASE REVIEW IT CAREFULLY.** If you have any questions about this Notice please let me know.

I am required by applicable federal and state laws to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). I must follow the privacy practices that are described in this notice (which may be amended from time to time).

For more information about my privacy practices, or for additional copies of this Notice, please contact me using the information listed in Section II G of this notice.

## **I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

### **A. Permissible uses and disclosures without your Written Authorization**

I may use and disclose PHI without your written authorization, excluding Psychotherapy Notes as described in Section II, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

**1. Treatment:** I may use and disclose PHI in order to diagnose and provide psychotherapy to you. In addition, I may disclose PHI to other health care providers in your treatment.

**2. Payment:** I may use or disclose PHI so that services you received are appropriately billed to, and payment is collected from, your health plan. For example, I may disclose PHI to permit your health plan to take certain action before it approves or pays for treatment services.

**3. 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 you are 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 your health or safety or the health or safety of others, including vulnerable elders. 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; for public health happenings and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.

### **B. Uses and Disclosures Requiring Your Written Authorization**

1. **Psychotherapy Notes.** Notes documenting the contents of a counseling session with you (“Psychotherapy notes”) will be for my use only and will not otherwise be used or disclosed without your authorization. That written authorization will be required before I can send PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time.

I keep Psychotherapy Notes and PHI on my laptop computer and my desktop at home. Both are password protected. Both are encrypted and I only access PHI through password protected networks. Last names are not used in my Psychotherapy Notes. Paper files are kept in locked file cabinets at my office.

## II. YOUR INDIVIDUAL RIGHTS

**A. Right to Inspect and Copy.** You may request access to your Personal Health Information and billing records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of the minor’s medical record will not be accessible to you.

**B. Right to Alternative Communication.** You may request, and I will accommodate any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.

**C. Right to Request Restrictions.** You have the right to request a restriction of PHI used for disclosure of treatment, payment or health care options. You must request any such restriction in writing addressed to me. I am not required to agree to any such restriction you may request.

**D. Right to Accounting of Disclosures.** Upon written request, you may obtain an accounting of certain disclosures of PHI made by me after April 14, 2003. This right applies to disclosures for purposes other than treatment, payment of health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.

**E. Right to Request Amendment.** You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.

**F. Right to Obtain Notice.** You have the right to obtain an additional copy of this Notice at any time.

**G. Questions and Complaints.** If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact me or you may contact the Office for Civil Rights of the US Department of Health and Human Services. I will not retaliate against you if you file a complaint.

### **III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE**

**A. Effective Date:** This Notice is effective April 14, 2003.

**B. Changes to this Notice:** I may change the terms of this Notice at any time. If I change this Notice, I may make the new notice terms effective for all PHI that I maintain, including any information created prior to issuing the new notice.

-January, 2016