
As required by the Policy Regulations Created as a result of the Health Insurance Portability and Accountability Act of 1996-(HIPAA) Health Information Technology for Economic and Clinical Health Act (HITECH Act), and associated regulations and amendments, this notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully. If you have any questions, please contact me, Kate Estadilla, directly at 206-601-4148 or kate@kecounselingtherapy.com.**

About this Notice: I understand that health information about you is personal, and I am committed to protecting your information. I create a record of the care and services you receive. I need this record to provide care, pay for care provided, for health care operations, and to comply with certain legal requirements. This Notice tells you the ways I may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information. I am required by law to follow the terms of this Notice currently in effect.

What is Protected Health Information (PHI)?: PHI is information that individually identifies you. I create a record to get from you or from another person, health plan, your employer, or a healthcare clearinghouse that relates to 1.) your present, present or future physical or mental health or conditions, 2.) the provision of health care to you, and 3.) the past, present, or future payment for your health care.

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

Your Rights

Copy of Records: You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. I will provide this copy usually within 30 days of your request and will charge a reasonable, cost-based fee. You can only direct me in writing to submit your PHI to a third party not covered in this notice. I will not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. I may deny your request in certain limited circumstances. If I do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and I will comply with the outcome of the review.

Summary of Explanation: I can also provide you with a summary of your PHI, rather than the entire record, or I can provide you with an explanation of the PHI which has been provided for you, so long as you agree to this alternative form and pay the associated fees.

Request Amendments: You can ask me to correct health information about you that you think is incorrect or incomplete. I may say no to your request, but I will provide an explanation within 30 days.

Receive Notice of a Breach: You have the right to be notified upon a breach in any of your unsecured PHI.

Confidential Communication: You have the right to request that I communicate with you only in certain ways to preserve your privacy. For example, you may request that I contact you via mail at a specific address or call you only at your work number. You must make such a request in writing and you must specify how or where I am to contact you.

Restrictions: You have the right to request a restriction or limitation on the PHI I use or disclose about you for treatment, payment, or health care operations. I am not required by federal regulation to agree to your request. If I do agree with your request, I will comply unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to me at the contact information above. Your request must state the specific restrictions requested, whether you want to limit our use and/or disclosure, and to whom you want the restriction to apply.

Accounting of Disclosures: You can ask for a list (accounting) of the times I've shared your health information for six years prior to the date you ask, who I shared it with, and why. I will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures. I'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. You must submit, in writing, your request to me at the contact information above.

Power of Attorney/Legal Guardian: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before I take any action.

Copy of this Notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

Uses and Disclosures

Treatment: I can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run the Organization: I can use and share your health information to run the practice, improve your care, and contact you when necessary.

Minors: I may disclose PHI of minor children to their parents or guardians unless such disclosure is prohibited by law.

Business Associates: I may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing or to provide transcription or consulting services. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.

Billing: I can use and share your health information to bill and get payment from health plans or other entities. Example: I give information about you to your health insurance plan so it will pay for your services.

Comply with the Law: I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Organ/Tissue Donation: If you are an organ or tissue donor, I may use or disclose your PHI to organizations that handle organ procurement or transplantations, such as organ donation banks, as necessary to facilitate organ or tissue donation and transplantation. I can share health information about you with organ procurement organizations.

Medical Examiner/Funeral Director: I can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Workers' Compensation: I can use or share health information about you: for workers' compensation claims. I may use or disclose PHI for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

Law Enforcement, Military Activity, and National Security: I may disclose PHI, as long as applicable legal requirements are met, for law enforcement purposes, if you are involved with military, national security, or intelligence activities or if you are law enforcement custody. I may disclose PHI to authorized officials so they may carry out legal duties under the law. If you are an inmate of a correctional institution or under the custody of law enforcement officials, I may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary 1.) for the institution to provide you with health care, 2.) to protect your health and safety or the health and safety of others, or 3.) the safety and security of the correctional institution.

Military and Veterans: If you are a member of the armed forces, I may disclose PHI as required by military command authorities. I may also disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.

Abuse, Neglect, or Domestic Violence: I may disclose PHI to appropriate government authority if I believe a client has been the victim of abuse, neglect, or domestic violence and client agrees or I am required or authorized by law to make that disclosure.

Health Oversight Activities: I may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspectors, licensure, and similar activities necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification: I may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, I may disclose PHI in response to a court or administrative order. I may also disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if the efforts have been made to tell you about the request or to get an order protecting the information requested. I may also use or disclose your PHI to defend ourselves in the event of a lawsuit.

Public Health and Safety Issues: I can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.

Research: I can use or share your information for health research, but I will only do so if that research has been specifically approved by an authorized institutional review board and privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. I may use and disclose limited data sets that do not contain specific readily identifiable information about you for research. However, I will only disclose the limited data if we enter into a data use agreement with the recipient who must agree to 1.) use the data only for the purpose for which it is provided, 2.) ensure the confidentiality and security of the data, and 3.) not identify the information or use it to contact any individual.

Changes to the Terms of this Notice

I reserve the right to change this Notice. I reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is available upon request, posted in my office, and available on my website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary, mail to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington D.C. 20201. Call (202) 619-0257 (or toll free (877) 696-6775) or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/, for more information. You will not be penalized for filing a complaint.

This notice goes into effect June 1, 2020.