Pamela Helberg, MA, LMHC
1116 Key Street, Suite 209
Bellingham, WA 98225
360-303-0671

NOTICE OF PRIVACY PRACTICES REGARDING PROTECTED HEALTH INFORMATION

To my clients: *I am required to give this notice to you under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how psychological/medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.*

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations
    Your ***Protected Health Information (PHI)*** is any information about your past, present, or future physical or mental health conditions or treatment, or any other information that could identify you.

    By signing this form, you are giving consent for me to "use" your PHI within my practice group, or "disclose" your PHI to an outside entity for the following purposes:

    Treatment: providing, coordinating, or managing your health care and other services related to your health care. An example would be when I consult with another health care provider, such as your family physician.

    Payment: obtaining reimbursement for your healthcare. Examples include when I disclose your PHI to your health insurer to obtain payment for your health care, or to determine your insurance eligibility or coverage.

    Health Care Operation: activities that relate to the performance and operation of my practice. Examples are quality assessment and improvement activities, business-related matters such as audits and administrative services, and clinical peer review.

II. Use and Disclosures Requiring Authorization
    Outside of routine treatment, payment, and health care operations, I will not release your PHI unless you sign an ***Authorization Form*** authorizing that specific disclosure.

    I would also need to obtain your authorization before releasing your "Psychotherapy Notes"—notes I have made about your conversations during a private, group, joint, or family counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than other PHI.

You may revoke all such authorizations (of PHI and/or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have already released information based on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III.   Uses and Disclosures with Neither Consent nor Authorization
I may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement authorities.

Adult and Domestic Abuse: If I have reasonable cause to believe that abandonment, abuse, financial exploitation, sexual or physical assault, or neglect of a vulnerable adult has occurred, I must immediately report it to the appropriate authorities.

Health Oversight: If the State Department of Health subpoenas me as a part of its investigations, hearings, or proceedings relating to the discipline, issuance, or denial of licensure to therapists, I must comply. This could include disclosing your relevant mental health information.

Judicial or Administrative Proceedings: If you are involved in a court proceeding, I will release information only with the written authorization of you/your legal representative, or a subpoena of which you have been notified, or a court order. (This privilege does not apply when you are being evaluated for a third party or for the court. You will be informed in advance if this is the case.)

Serious Threat to Health or Safety: I may disclose your mental health information to any person without authorization if I reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.

Worker's Compensation: If you file a worker's compensation claim, I must make all mental health information in my possession that is relevant to the injury available to your employer, your representative, and the Department of Labor and Industries upon their request.

IV.   Patient's Rights
Right to Request Restrictions: You have the right to request restrictions on specific uses and/or disclosures of your PHI. However, I am not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations (for example, only calling you at work).

Right to Inspect and Copy: You have the right to inspect and/or obtain a copy of PHI and Psychotherapy Notes in my mental health and billing records. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed.

Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request if I believe the original information is accurate.

Right to an Accounting of Disclosures: You have the right to receive a list of the disclosures that I have make of your PHI. Some exceptions do apply.

V. Therapist's Duties

I am required by law to maintain the privacy of your PHI and to provide you with this Notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this Notice. Unless I notify you by mail of changes, I am required to abide by the terms in this Notice.

VI. Complaints

If you have a complaint about the way I have handled your privacy rights, please contact me at the above address or you may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.