



## NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this Notice carefully.

### PURPOSE

Acknowledging that the counseling relationship is built on trust, this notice informs you that I am committed to protecting the privacy of your personal information. I am also required by law to maintain this privacy and provide you with this detailed Notice of my legal responsibility and privacy practices relating to your personal healthcare information. This is a legal document required by law by new federal regulations (HIPAA) and therefore contains specific legal terms specified in federal law.

### RECORD KEEPING PRACTICES

Standard practice requires me to keep an official record of your therapy session. This may include a general description of your emotional or psychological functioning, a diagnosis (if required for insurance purposes), agreed-upon treatment goals, a list of symptoms, any medications, and some description of your progress throughout the time we work together.

### YOUR RIGHTS RELATING TO YOUR PERSONAL HEALTHCARE INFORMATION

You have specific legal rights relating to your personal healthcare information. I am required by law to maintain the privacy of your information and to provide you with this document describing my legal duties and privacy practices with respect to the information I maintain about you. You also have the following rights:

You have the right (which may be restricted only in certain limited circumstances) to inspect and receive a copy of your personal healthcare information as long as I maintain it. I am permitted to charge a reasonable, cost-based fee for copies.

You have the right to request that I amend your personal healthcare information if you believe that it is incorrect or incomplete. I am not required to agree to the amendment, but you have the right to file a statement of disagreement with me and I am allowed to prepare a rebuttal to your statement—all of which go into your official record.

You have the right to request restrictions on certain uses and disclosures of your healthcare information for purposes of treatment, payment or operations of my practice. You may also request that any part of your personal healthcare information not be disclosed to your family members or friends who may be involved in your care. Please be advised that I am not required to agree to such a request. If I believe it is in the best interest of quality care to make such disclosures, I will not honor your restriction request.

You have the right to request confidential communications from me by alternative means or at an alternative address. I will accommodate reasonable requests and will not require an explanation of your request. I may condition an accommodation on your providing information as to how payment will be handled, and/or for an alternative address or other method of contact.



You have the right to receive a copy of the required accounting of disclosures that I make of your personal healthcare information. This accounting documents non-routine disclosures or those made for purposes other than treatment, payment or operations of my practice. It also excludes disclosures I may have made to you or disclosures made at your request and accompanied by a specific written authorization of disclosure.

You have the right to obtain a paper copy of this Notice.

If you believe your privacy rights have been violated by me, you have the right to file a written complaint with me and/or with the Secretary of Health & Human Service. I will not retaliate against you for filing such a complaint.

### **USES & DISCLOSURES OF YOUR HEALTHCARE INFORMATION**

I may use your personal healthcare information for the purpose of providing you treatment. To coordinate and manage your care, I may disclose your information to others of your current providers and to the extent you have not raised an objection in writing, to your prior providers, or to other persons (including family members) involved in your care.

I may use your personal healthcare information in connection with billing statements I send you and in my system for tracking charges & credits to your account. With your authorization, I may disclose your information to third party payers to obtain information concerning benefit eligibility, coverage, and remaining availability, as well as to submit claims for payment and disclose your healthcare information for medical necessity and quality assurance review.

I may use and disclose your personal healthcare information for the healthcare operations of my practice in support of the functions of treatment and/or payment. Such disclosures would include those for administrative, legal, or financial services to assist me in providing your healthcare treatment.

### **OTHER USES & DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION OR AN OPPORTUNITY TO OBJECT**

I may use or disclose your personal healthcare information to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law.

Examples are public health reports, abuse and neglect reports, law enforcement reports, and reports to coroners and medical examiners in connection with investigation of deaths. I must also make disclosures to the Secretary of the Department of Health & Human Services for the purpose of investigating or determining my compliance of the requirements of the Privacy Rule.

I may also disclose your healthcare information when necessary to minimize an imminent danger to the health or safety of you or any other individual.

I may use your personal information to contact you to remind you of your appointments with me.

I may disclose your personal healthcare information to Business Associates that are contacted by me to perform professional services on my behalf which may involve their collection, use or disclosure of your personal information. My contact with these entities requires them to safeguard the privacy of your information.

I may disclose your personal healthcare information if a court of competent jurisdiction issues an appropriate order.



## Vitman Counseling LLC

I will also disclose your personal healthcare information if: 1) you and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, identifying the personal healthcare information sought, and the date by which a protective order must be obtained to avoid my compliance; 2) no qualified judicial or administrative protective order has been obtained; 3) I have received satisfactory assurances that you received notice of an opportunity to have limited or quashed the discovery demand; and 4) such time has elapsed.

### USES & DISCLOSURES OF YOUR PERSONAL HEALTHCARE INFORMATION MADE WITH YOUR AUTHORIZATION

I will make other uses and disclosures of your personal healthcare information only with your written authorization. You may revoke this authorization in writing at any time, unless I have taken a substantial action in reliance on the authorization, such as providing you with healthcare services for which I must submit subsequent claim(s) for payment.

### CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

I am required to abide by the terms of this Notice of Privacy Practices, but I am also permitted to change the terms of this Notice at any time. Once a revision is in effect, it applies to all of your personal healthcare information that I maintain whether or not you are still in treatment with me. You may request a copy of my revised Notice of Privacy Practices at any of your appointments or ask that one be mailed to you by leaving me a message on my voice mail.

### CONTACT INFORMATION

I am my own Privacy Officer, so if you have any questions about this *Notice of Privacy Practices*, please contact me:

**Spomenka Vitman, MA, LMHC**

40 Lake Bellevue Dr, Suite 100

Bellevue, WA 98005

Phone: 425-681-5330

Email: [spomenka@vitmancounseling.com](mailto:spomenka@vitmancounseling.com)

### COMPLAINTS

If you believe I have violated your privacy rights, you may file a complaint in writing with me. I will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of the Department of Health & Human Services.

Washington State Department of Health

111 Isreal Rd SE

Tumwater, WA 98501

Phone: 360-236-4700

*Signature of acknowledgement that you have received this Notice of Privacy Practices is included on my Disclosure Statement that you have signed.*

*The effective date of this Notice is January 1, 2017*