

EFFECTIVE October 28, 2024

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.

Privacy is an important concern for many people who come to this office. It is also complicated because of the many federal and state laws and our professional ethics. Because the rules are so complicated, some parts of this notice are very detailed, and you probably will have to read them several times to understand them. If you have any questions, please do not hesitate to ask. We will discuss this form during our first meeting, and I would be happy to answer any of your questions then, or as they may arise during treatment.

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A. INTRODUCTION: TO MY CLIENTS

This notice will tell you how I handle your medical information. It tells how I use this information here in this office, how I share it with other professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask for more explanations or more details.

B. WHAT I MEAN BY YOUR MEDICAL INFORMATION

Each time you visit me or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you received from me or from others, or about payment for health care. The information I collect from you is called "PHI," which stands for "protected health information." This information goes into your medical or health care records in my office. In this office, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child; your school and work experiences; your relationship and other personal history.
- Reasons you came for treatment: Your problems, symptoms, and treatment needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- Treatment plan: This is a list of treatments and other services that I think will best help you.
- Progress notes: Each time you come in, I write down some things about how you are doing, what I notice about you, and what you tell me.
- Records I get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information.

There may also be other kinds of information that go into your health care records here. I may use PHI for many purposes. For example, I may use it:

- To plan your care and treatment.
- To decide how well my treatments are working for you.
- When I talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to me.
- To show that you actually received services from me, which I billed to you or to your health insurance company.
- For teaching and training other health care professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this area of the country.
- To improve how I do my job by measuring the results of my work.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

C. PRIVACY AND THE LAWS ABOUT PRIVACY

I am required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires me to keep your PHI private and to give you this notice about my legal duties and my privacy practices. I will obey the rules described in this notice. If I change my privacy practices, they will apply to all the PHI I keep. I will also post the new notice of privacy practices in my office where everyone can see. You or anyone else can also get a copy about my privacy policy by asking me or by finding it on my website at: www.engage-counseling.com

D. BREACH NOTIFICATION

When I become aware of or suspect a breach, as defined in Section 1 of the breach notification overview, I will conduct a Risk Assessment, as outlined in Section 2.A of the Overview. I will keep a written record of that Risk Assessment. Unless I determine that there is a low probability that PHI has been compromised, I will give notice of the breach as described in Sections 2.B and 2.C of the breach notification Overview. I will provide any required notice to clients and HHS. After any breach, particularly one that requires notice, I will re-assess my privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches (see Attachment I for more details).

E. HOW YOUR PROTECTED HEALTH INFORMATION CAN BE USED AND SHARED

Except in some special circumstances, when I use your PHI in this office or disclose it to others, I share only the minimum necessary PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. So I will tell you more about what I do with your information. Mainly, I will use and disclose your PHI for routine purposes to provide for your care, many of which do not require prior written consent or authorization. For other uses, I must tell you about them and ask you to sign a written authorization form.

1. Uses and disclosures that DO NOT require your prior written consent or authorization

In almost all cases I intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for my services, or some other business functions called “health care operations.” In other words, I need information about you and your condition to provide care to you.

a. The basic uses and disclosure that DO NOT require prior written consent or authorization

For treatment. I use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of my services.

I may share your PHI with others who provide treatment to you. For example, I may share your information with your personal physician or psychiatrist. If you are being treated by ^{[[1]]}_{SEP} a team, I can share some of your PHI with the team members, so that the services you receive will work best together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, and so we all can decide what treatments work best for you and make up a treatment plan. I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them things about you and your conditions. I will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. These are some examples so that you can see how I use and disclose your PHI for treatment.

For payment. I may use your information to bill you, your insurance, or others, so I can be paid for the treatments I provide to you. All billing is handled by Billing Simplicity, LLC. Billing Simplicity, LLC may contact your insurance company to find out exactly what your insurance covers. Billing Simplicity may have to tell them about your diagnoses, what treatments you have received, and the changes expected in your conditions. I might also need to tell them about when we met, your progress, and other similar things.

For health care operations. Using or disclosing your PHI for health care operations goes beyond our care and your payment. For example, I may use your PHI to see where ^{[[1]]}_{SEP} can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If I do, your name and personal information will be removed from what I send.

Client Incapacitation or Emergency. I may disclose your PHI to others without your consent if you are incapacitated or if an emergency exists. For example, your consent isn't required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.

b. Other uses and disclosures that also DO NOT require prior written consent or authorization

Legal mandates. When federal, state or local laws require disclosure. For example, I may have to make a disclosure to applicable governmental officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect. I have to report suspected child abuse, elder and/or dependent adult abuse.

Child Abuse: If provider has reasonable cause to believe that a child has suffered abuse or neglect, provider is required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.

Vulnerable Adults: If I believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the Washington Department of Social and Health Services. If I have reason to suspect that sexual or physical assault has occurred, I must immediately report to the appropriate law enforcement agency and to the Department of Social and Health Services.

Safety concerns. Disclosure of your PHI may be required to avert a serious threat to health or safety. For example, I may have to use or disclose your PHI to avert a serious threat to the health or safety of yourself or to the health and safety of other(s). Any such disclosure will only be made to someone able to prevent the threatened harm from occurring.

Judicial or legal proceedings. When judicial or administrative proceedings require disclosure. For example, if you are involved in a lawsuit or a claim for worker's compensation benefits, I may have to use or disclose your PHI in response to a court or administrative order. I may also have to use or disclose your PHI in response to a subpoena. I am legally obligated to respond to the subpoena and may have to provide the requested information to the court. However, such information is also likely to be privileged under WA law, and I will not release information without first consulting with you or your legally appointed representative. This does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Law enforcement. I may be authorized to disclose your PHI to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions: (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person's death, if I suspect that criminal activity caused the death; (5) when I believe that protected health information is evidence of a crime that occurred on my premises; and (6) in a medical emergency not occurring on my premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.

Essential Government Functions. I may be required to disclose your PHI for certain essential government functions. Such functions include: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.

Psychotherapy Notes. If kept as separate records, I must obtain your authorization to use or disclose psychotherapy notes with the following exceptions. I may use the notes for your treatment. I may also use or disclose, without your authorization, the psychotherapy notes for

my own training, to defend myself in legal or administrative proceedings initiated by you, as required by the Washington Department of Health or the US Department of Health and Human Services to investigate or determine my compliance with applicable regulations, to avoid or minimize an imminent threat to anyone's health or safety, to a health oversight agency for lawful oversight, for the lawful activities of a coroner or medical examiner or as otherwise required by law.

2. Uses and disclosures that require your authorization

If I want to use your information for any purpose besides those described above, I need your written permission on an authorization form. I don't expect to need this very often. If you do allow me to use or disclose your PHI, you can cancel that permission in writing at any time. I would then stop using or disclosing your information for that purpose. Of course, I cannot take back any information I have already disclosed or used with your permission. I will obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

3. Uses and disclosures where you have an opportunity to object

I may provide some information about you with your family or close others who you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. I will ask you which persons you want me to tell, and what information you want me to tell them, about your condition or treatment, as long as it is not against the law.

4. An accounting of disclosures I have made

When I disclose your PHI, I may keep some records of whom I sent it to, when I sent it, and what I sent. You can get an accounting (a list) of these disclosures.

F. YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION

1. Right to Receive Communication by Alternative Means or at Alternative Locations.

You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment.

2. Right to Request Restrictions.

You have the right to ask me to limit what I tell people involved in your care or with payment for your care, such as family members and friends. I don't have to agree to your request, but if we do agree, I will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you.

3. Right to Inspect and Copy.

In most cases, you have the right to look at the health information I have about you, such as your medical and billing records. You must make the request to inspect or copy such information in writing. You can get a copy of these records, but I may charge you. I will respond to your request within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to have my denial reviewed. I may provide you with a summary of your PHI as long as you agree to that in advance.

4. Right to Amendment.

If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request in writing and send it to me. You must also tell me the reasons you want to make the changes.

5. Right to Privacy Policy.

You have the right to a copy of this notice. If I change this notice, I will post the new one in my office or you can find it on my website: www.engage-counseling.com

6. Complaints.

You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me, Tana Eng, and/or with the Secretary of the U.S. Department of Health and Human Services.

All complaints must be in writing. Filing a complaint will not change the health care I provide you in any way.

7. Right to Accounting.

You generally have a right to receive an accounting of disclosure of your PHI. Upon your request, I will discuss with you the details of this accounting process.

8. Right to Restrict for Care Out-of-Pocket.

You have the right to restrict certain disclosure of PHI to a health plan when you pay out-of-pocket in full for my services.

9. Right to be Notified.

You have a right to be notified if: a). there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; b). that PHI has not been encrypted to

government standards; and c). my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

G. IF YOU HAVE QUESTIONS OR PROBLEMS

If you have any questions about this Notice of Privacy Practices, please contact me.

Tana Eng

425-484-7806

tana@engage-counseling.com

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to me at: Engage Counseling PLLC, PO Box 2223, Kirkland, WA 98083. 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 an appropriate address on request. Please note you have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.