

# Notice of Privacy Practices



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The Health Insurance Portability and Accountability Act (HIPAA), passed in 1996, sets out rules to protect your health information. Individually identifiable health information relates to your physical or mental health or condition, your health care, and your payments for health care. Examples of individually identifiable health information include your name, address, birth date, or Social Security Number. 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.**

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of my responsibilities to help you.

- **Get an electronic or paper copy of your medical record**
  - You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you. Ask me how to do this.
  - I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.
- **Ask me to correct your medical record**
  - You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.
  - I may say “no” to your request, but I’ll tell you why in writing within 60 days.
- **Request confidential communications**
  - You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - I will say “yes” to all reasonable requests.
- **Ask me to limit what I use or share**
  - You can ask me **not** to use or share certain health information for treatment, payment, or my operations.
  - I am not required to agree to your request, and I may say “no” if it would affect your care.
  - If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer.
  - I will say “yes” unless a law requires me to share that information.
- **Get a list of those with whom I’ve shared information**
  - 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, and

## **Your Rights (continued)**

health care operations, and certain other disclosures (such as any you asked me to

make). 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.

- **Get a copy of this privacy 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.
- **Choose someone to act for you**
  - 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.
  - I will make sure the person has this authority and can act for you before I take any action.
- **File a complaint if you feel your rights are violated**
  - You can complain if you feel I have violated your rights by contacting me using the contact information on page 1.
  - You can file a complaint with the U.S. Department of Health and Human Services by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - I will not retaliate against you for filing a complaint.

## Your Choices.

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

- **In these cases, you have both the right and choice to tell me to:**
  - Share information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation
  - *If you are not able to tell me your preference, for example if you are unconscious, I may share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- **In these cases I never share your information unless you give me written permission:**
  - Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes

## Disclosures

**How do I typically use or share your health information?** I typically use or share your health information in the following ways.

- **Treatment**
  - I can use your health information and share it with other professionals who are treating you.
  - **Example:** *I talk with your primary care physician about the medications he has prescribed and about your overall health.*

- **Health Care Operations**

### Disclosures (continued)

- I can use and share your health information to run my practice, improve your care,

- and contact you when necessary.
- **Example:** *I may use your health information for quality assessment and improvement activities, business-related matters such as audits and administrative services, and clinical peer review.*
- **Payment**
  - I can use and share your health information to bill and get payment from health plans or other entities.
  - **Example:** *I may share your name and address with a biller.*

**How else can I use or share your health information?** I am allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- **Help with public health and safety issues**
  - I may share health information about you for certain situations such as:
    - Reporting suspected child abuse or neglect
    - Reporting suspected abuse of vulnerable adult populations
    - Preventing or reducing a serious threat to your health or safety or the health or safety of others.
- **Comply with the law**
  - I may 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.
- **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.
- **Court Proceedings, responding to lawsuits and legal actions**
  - If you are involved in a court proceeding, I may release information:
    - Only with the written authorization of you/your legal representative, or
    - In the case of a court order or subpoena.
  - If you bring a lawsuit or board complaint against me, I may disclose your information to defend myself.
- **Health Oversight**
  - If the State Department of Health subpoenas me as part of its investigations, hearings, or proceedings relating to the discipline, issuance, or denial of licensure to therapists, I must comply. This may include disclosing your relevant mental health information.

### **My Responsibilities.**

I am required by law to maintain the privacy and security of your protected health information. I

will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

I must follow the duties and privacy practices described in this notice and give you a copy of it. I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see:

**[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)**.

### **Changes to the Terms of This Notice**

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in your client portal, and on my website.

