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HIPAA 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 READ IT CAREFULLY.

According to the Health Insurance Portability Accountability Act of 1996 (HIPAA), I am required to keep all your protected health information (PHI), in any form, confidential. I am committed to maintaining the privacy of your PHI as part of providing care to you. I will not disclose your PHI to others unless you tell me to do so, or unless the law authorizes or requires me to do so. I am also required by law to provide you with this notice of my legal duties and privacy practices. This notice is effective as of April 15th, 2003. I reserve the right to change the terms of my Notice of Privacy Practices at any time and any revisions to the terms of this Notice of Privacy Practices will be offered to you.

Uses and Disclosures of Protected Health Information:

This law authorizes and requires me to use or disclose your PHI under certain circumstances as outlined below:

Treatment: I may use and disclose your PHI with other health care providers who are either involved in your care or who can be helpful to me in providing the best possible care.

Payment: I may use or disclose your PHI for purposes of confirming health insurance coverage, billing, claims management, and reimbursement.

Health care operations: I may use or disclose your PHI for purposes of assessing the quality of my practice and improving my services. For example, training programs, licensing or credentialing activities or an audit of my practice.

Required by law: I am required by law to use or disclose your PHI if something that you tell me involves a threat to you or another's safety or health such as suspected abuse, neglect, or domestic violence. I will share with the appropriate persons only the minimum information necessary to prevent or reduce the threat and facilitate needed care. I will, as required, be in compliance with a legal request regarding court proceedings, law enforcement officials, or as relevant for worker's compensation claims.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and I am required to honor and abide by that written request, except to the extent that this office already taken actions relying on your authorization.

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Your Rights Regarding Your Personal Health Information:

You have certain rights in regards to your protected information, which you may exercise by presenting a written request:

- The right to request restrictions on certain uses and disclosures of your protected information
- The right to request to receive confidential communications of protected health information from this office by alternative means or at alternative locations.
- The right to see and obtain a copy of your protected health information, with limited exceptions. A reasonable fee may be assessed. I recommend that we go over the information together.
- The right to receive an accounting of disclosures of protected information made outside of treatment, payment, or health care operations ... or based on your previous authorization.
- The right to request an amendment to your protected health information. I may deny your request in certain situations.
- The right to obtain a copy of this notice from me on request.

If you believe your privacy rights have been violated, I hope you will discuss this matter with me. You may also discuss your concerns with a Privacy Officer or send a written complaint to:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
Phone: 1-(800) 368-1019
Fax: (202) 619-3818
Email: OCRMail@hhs.gov