

Client Name: _____

Date: _____

**Acknowledgement Receipt:
Notice of Privacy Practices**

Jenna Appling, LMFT
14715 Bel-Red Road, Ste. 102
Bellevue, WA 98007
Phone: 206-491-8818
Fax: 425-747-4380

Records

Jenna Appling, LMFT keeps a record of the health care services provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and RCW 70.02. 120. You may ask to see and copy that record. You may also ask to correct that record. **I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so.**

Viewing Your Records

You may see your record or get more information about it by contacting Jenna Appling at 206-491-8818. Written requests should be made to the following address:

Jenna Appling, LMFT
14715 Bel-Red Road, Ste. 102
Bellevue, WA 98007

This **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below I acknowledge receipt of the Notice of Privacy Practices.

Client or legally authorized individual signature

Date

Client or legally authorized individual signature

Date

Print name if signed on behalf of the client
(parent, legal guardian, personal representative)

This form will be retained in your medical record.

(RCW 70.02.120, 45 CFR 164.520)
This page updated on February 20, 2022

KEEP FOR YOUR RECORDS

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HIPAA Compliance Notice of Privacy Practices

Purpose of this Notice of Privacy Practices:

This notice describes how medical information about you may be used and disclosed, and how you can receive access to this information. This information will include Protected Health Information (PHI), defined in privacy regulations issued by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and, as applicable, RCW Chapter 70.02 entitled "Medical Records - Health Care Access and Disclosure." Providing you a copy of this notice is required by law.

Our commitment to your privacy

Jenna Appling, LMFT, CDP understand that your personal health information is important and sensitive. The law protects the privacy of the health information we generate as we provide services to you and information we obtain from others with your permission. We will not disclose your PHI to anyone unless you instruct or authorize us to do so, or unless the law stipulates or provides permission.

Your PHI includes symptoms, diagnoses, test results, treatments, PHI or other information from other providers, and billing and payment information relating to these services. Federal and state law does allow for us to use and disclose your PHI for purposes of treatment and health care operations.

Washington State law requires us to get your authorization to disclose this information for payment purposes. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

Protected Health Information (PHI) means: Individually identifiable health information that is transmitted by electronic means and maintained in any medium or is transmitted or maintained in any other form or medium.

Examples of use and disclosures of PHI for treatment, payment, and health operations for

treatment include: Information obtained by a psychologist, psychotherapist, physician, nurse, social worker, or health care team member will be recorded in your medical record and used to help decide what care may be right for you. Upon request and with the proper documentation as required by HIPAA and Washington State Laws, we may also provide information to others involved in providing you care.

Disclosure of PHI for reasons of billing and payment:

Washington State requires written authorization from you in order to use or disclose PHI for billing and payment purposes. This includes providing PHI to your health insurance provider. We will have you sign another form for this titled "Assignment of Benefits" or another similar form for this purpose (RCW 70.02.030(b)). If you use health insurance for your treatment, they may need information from us about your medical care that includes any diagnoses, treatments, or recommended care.

Reasons for disclosure of PHI for health care operations:

- Appointment reminders
- Assess quality and improve services.
- Review the performance of our staff as well as other health care providers.
- Provide information about treatment alternatives or other related benefits and services.
- Arranging for services including medical quality review by your health plan, accounting, legal, risk management, insurance services, audit functions, fraud and abuse detection and compliance programs.

Your Health Information Rights

The health and billing records that are generated and maintained by Jenna Appling, LMFT, CDP are the property of Jenna Appling, LMFT, CDP. You have a right to receive a copy of this notice and ask any questions.

You have a right to:

- Request that we restrict certain uses and disclosures; please make this request to us in writing so we may maintain a copy with your records. Please note that we are not required to grant the request, however in most instances we will comply.
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (this notice).
- Request that you be allowed to view and receive a copy of your PHI. Please make this request must be in writing so we may maintain a copy with your records.
- Request a review of any denial of access to your health information.
- Request that we alter or update any of your health information. Please request this in writing. If we choose not to alter or update the information, you may write a statement of disagreement that will be stored in your medical record and included with any release of your records.
- Request a list of disclosures of your health information. The list will not include disclosures to third-party payors such as your insurance provider. You may receive this information without charge once every twelve months. We will notify you of the cost involved if you request this information more than once in twelve months.
- Request that your health information be given to you by another means or at another location. Please make this request in writing so we may maintain a copy with your records.
- Cancel prior authorizations to use or disclose health information by providing us with a written notice of revocation. Please note that this revocation will not affect information that has already been released, nor does it affect any action taken before we receive the notice. You may not be able to cancel an authorization if its purpose was to obtain insurance benefits.

Your rights concerning any notes taken in the process of psychotherapy:

Notes are defined as those records generated and maintained in any medium by a health care provider who is a mental health professional engaged in documenting or analyzing the contents of a conversation during a private counseling session, group, joint, or family counseling session and that are separated from the rest of the individual's medical records. Psychotherapy notes exclude medication and prescription monitoring, the methods and frequencies of treatment provided, results of clinical tests, and any summary of a diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

An authorization to use or disclose psychotherapy notes is required except if used by the originator of the notes for treatment, to a person or persons reasonably able to prevent or lessen any **serious threats to**

health or safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We may also use any notes we generate in course of training and supervision or with other practitioners in mental health, however in these instances reasonable attempts will be made to ensure any personally identifiable information is removed.

Use of our notes may also include defense in a legal action or any other legal proceeding brought forth by the patient; when used by a medical examiner or coroner; for health oversight activities of the originator; or when required by law.

We have the right to change our practices regarding the PHI we maintain. If we make any changes to our procedure, this notice will be updated promptly and posted on our web site. You may receive the most recent copy of this notice by calling and requesting a copy.

To ask for assistance or file a complaint:

If you have questions, want more information, or want to report a problem about the handling of your protected health information. You may contact Jenna Genzale at the following address:

Jenna Appling
14715 Bel-Red Road, Ste. 102
Bellevue, WA 98007

If you believe your privacy rights have been violated, please feel free to discuss your concerns with me. I will make every effort to safeguard your PHI and follow our legal requirements to do so. If you believe a violation has occurred, we will make every effort in good faith to rectify the problem and address your concern.

You may also send a written complaint to the Washington State Department of Health at:

Washington State Department of Health
Health Systems Quality Assurance
Complaint Intake
P.O. Box 47857
Olympia WA 98504-7857

You may also file a complaint with the U.S. Secretary of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health & Human Services
2201 Sixth Avenue - Mail Stop RX-11
Seattle, WA 98121

We respect your right to file a complaint with us the Washington State Department of Health or with the U.S. Secretary of Health and Human Services. Please know that if you do file a complaint, Jenna Appling, LMFT, CDP and any of its officers or staff will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

Notification of family and others:

Unless you inform us of your objection, we may release health information about you to a friend or family member who is involved in your medical care. We may also provide information to an individual who helps pay for your care. We may notify your family or friends of your condition and if you are hospitalized. In addition, we may disclose health information about you to assist in disaster relief efforts. You have the right to object to this use or disclosure of your information. If you object, we will honor your decision not use or disclose it unless we are required by law.

We may use and disclose your PHI *without* your authorization for Public Health and Safety Purposes as Allowed or Required by Law.

- To prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
- To public health or legal authorities to protect public health and safety, prevent or control disease, injury, or disability, or report vital statistics such as births or deaths.
- To report suspected abuse or neglect of a child, adult or animal to public authorities.
- To correctional institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- To law enforcement purposes such as when we receive a subpoena, court order, or other legal process, or if you are the perpetrator or victim of a crime.
- For health and safety oversight activities such as those of the Dept. of Health.
- For disaster relief purposes to assist in notification of your condition to family or others.
- For work related conditions that could affect employee health.
- To the Military authorities of the U.S. and foreign military personnel. (E.g. the law may require us to provide information necessary to a military mission).
- In the course of judicial or legal proceedings, or as directed by a subpoena or court order.
- For specialized government functions. (E.g. sharing information for national security purposes).

Special Authorizations

Certain federal and state laws provide special protections for certain kinds of PHI and call for authorization from you to use or disclose information. When your PHI falls under these special protections, we will contact you in order to acquire the authorizations so we may comply with federal and state laws such as:

- Uniform Health Care Information Act (RCW 70.02)
- Sexually Transmitted Diseases (RCW 70.24.105)
- Drug and Alcohol Abuse Treatment Records (RCW 70.96S.150)
- Mental Health Services for Minors (RCW 71.05.390-690)
- Communicable and Certain Other Diseases Confidentiality (WAC 246-100-016)
- Confidentiality of Alcohol and Drug Abuse Patients (42 CFR Part 2)

If we need any health information from you for any reason that has not been described in this notice, we will contact you to request written authorization before using or disclosing any identifiable health information about you. Most important, if you choose to sign an authorization to disclose information, you may revoke that authorization at a later time to stop any future use and disclosure.

Other Uses and Disclosures of Protected Health Information

Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

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