

Counseling West Seattle

The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your behavioral health condition, the provision of health care to you, or the payment of such health care.

We are required by law to protect the privacy of your health information and to notify you if there is a breach of your unsecured protected health information. We are also required to provide you this Notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice.

Your Health Information Rights:

The health and billing records we create and store are the property of Counseling West Seattle. The health information in the records, however, generally belongs to you. You have the right to:

- Receive a paper copy of this Notice from us.
- Ask us to restrict uses of disclosure of the health information for treatment, payment or health care operations.
- Request that you be allowed to inspect and purchase a copy of your health record.
- Cancel prior authorizations to use or disclose health information. Your revocation does not affect information that has already been released. It also does not reflect any action taken before we have received the revocation.
- Request that we amend any of the information used to make decisions about your care, including treatment or payment records. We may deny your request for an amendment if you ask us to amend information that:
 - Was not created by us, unless you provide a reasonable basis that the person or entity that created the health information is no longer available to act on request.
 - Is not part of the health information you would be permitted to inspect or copy; or
 - Is accurate and complete
- Ask that we communicate with you about your health information by another means. We will accommodate all reasonable requests. The request must specify how you wish you be contacted.

How We Use or Disclose Information:

We must use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to pay for health care services you receive, and to operate our business. For example, we may use or disclose your health information:

- For treatment. We may use or disclose health information to aid in your treatment or coordination in your care.
- For payment of premiums due to us and to determine your coverage.
- For Health Care Operations. We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care. For example, staff may review records to assess quality and improve services, conduct program evaluation, review qualifications and performance of healthcare providers and to train our staff.

We may use or disclose your health information for the following purposes under limited circumstances:

- **As required or allowed by law.** We may disclose information when required or allowed to do so by law.
- **For health oversight activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
- **For public health activities** such as reporting or preventing disease outbreaks
- **To report suspected abuse or neglect** to public authorities as required by law.
- **For judicial or administrative proceedings** such as in response to a court order, search warrant or subpoena.
- **For law enforcement purposes** as allowed or required by law.
- **To correctional institutions** if you are in jail or prison, as necessary for your health and the health and safety of others.
- **For workers compensation** as authorized by, or to the extent necessary to comply with state workers compensation laws.
- **To coroners, medical examiners, or funeral directors** consistent with applicable laws to allow them to carry out their duties.
- **To business associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than specified in our contract.
- **For data breach notification purposes.** We may use your contact information to provide legally required notes of unauthorized acquisition, access, or disclosure of health information.

Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require your authorization. Other uses and disclosures not described in this Notice will be made only with your written authorization.

If you have questions, want more information, or want to report a problem you may call the Privacy Officer at: 206-263-9000. We respect your right to privacy for your health information.