

# HIPAA

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## HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT

### NOTICE OF PRIVACY PRACTICES OVERVIEW

Our office is dedicated to protecting the privacy rights of our patients and the confidential information entrusted to us. It is a requirement of this practice that every employee receives appropriate training and is dedicated to the principal concept that your health information will never be compromised. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that might affect our obligations and your rights.

### PROTECTING YOUR HEALTHCARE INFORMATION

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act and the state of «WA». This includes issues relating to your treatment, payment, and our health care operations. We are dedicated the protection of your personal health information, including records, information, and documentation concerning and/or related to substance use disorder, which will never be given or disclosed to anyone – even family members – without your consent or written authorization. You, of course, may give written authorization to us to disclose your information to anyone you choose, for any purpose. Our offices and electronic systems are secure from unauthorized access, and our employees are trained to make certain that confidentiality, integrity, and access to your records are always protected. Our privacy policy and practices apply to all former, current, and future patients, so you can be confident that your protected health information will never be improperly disclosed or released.

### COLLECTING PROTECTED HEALTH INFORMATION (PHI)

We will request personal information needed only to provide our standard of quality health care, implement payment activities, conduct normal health practice operations, and comply with the law. This may include your name, address, telephone number(s), Social Security Number, employment data, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

### DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and governmental officials under certain circumstances. We will not use your information for marketing or fund-raising purposes without your written consent. We may use and/or disclose your health information to communicate reminders about your appointments including voicemail messages, answering machines, and postcards unless you direct us otherwise. We are dedicated to the protection of your personal health information including records, information, and documentation concerning and/or related to substance use disorder, which will never be given or disclosed to anyone – even your family members – without your written authorization. We will never use, disclose, sell, or otherwise allow access to your personal, protected information in exchange for or receipt of financial remuneration.

Any breach in the protection of your personal health information, including unauthorized acquisition, access, use, or disclosure, will be addressed, fully investigated, and mitigated as established by the HIPAA Privacy Breach Notification Rule. You have a right to and will be provided with all information relating to any breach involving your personal PHI.

### YOUR RIGHTS AS OUR PATIENT

You have a right to request copies of your healthcare information; to request copies in a variety of formats; and to request a list of instances in which we, or our business associates, have disclosed your protected HIPAA HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT information for uses other than stated above. All such requests must be in writing. We may charge a fee for your copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S. Department of Health and Human Services. If you would like a full and complete copy of the extended version of our Notice of Privacy Practices, please ask at the front desk.

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Name of person/s you allow to have access to your PHI.

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Pateint/Parent Guardian Signature

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Date