

Statement of Confidentiality, Recordkeeping and Privacy Practices

My Confidentiality Policy

I maintain all information that you share with me and even the fact that you are a client of mine private. I will not share information – during and after our work together - without your written consent, except as required by applicable laws and regulations. There are exceptions to the confidentiality requirement, which are as follows.

I may be required to share information:

1. A counselor is required by state law to report knowledge of abuse, neglect and/or exploitation of children (under 18 years), developmentally disabled adults or elders.
2. If you become a danger to yourself or another person, the counselor may break the confidentiality agreement; if you are a threat to an identifiable victim, we may be required to notify the appropriate authorities.
3. Written records and/or testimony of the counselor have been subpoenaed by a court.
4. If you are gravely disabled due to mental illness/disability AND dangerous to yourself or others AND refuse to accept treatment voluntarily, information may be released to a county-designated Mental Health Professional.

I may share limited information:

1. I may share facts of your case, although not your name or identifying information, in consultation with senior clinicians or experts in certain practices in order to improve my treatment of you.
2. I may share limited information with a third party to whom you have asked me to bill my services.

Beyond these situations, I will need your written authorization to speak to anyone about our work. However, your treatment will never be conditioned upon whether or not you are willing to sign an authorization.

Your Rights

You have the right to refuse treatment at any time.

You have the right to choose a practitioner and treatment modality that best suits their needs.

You have the right to ask me any question or express any concern. The Washington State Department of Health oversees my work and can answer questions you may have about your rights. The phone number is (360) 236-4700.

Should you have any questions, comments or complaints you may direct all inquiries to me by calling the number or writing to the address at the top of this notice. You also have the right to complain to me or to the Secretary of the United States Department of Health and Human Services and to the State of Washington Department of Health if you believe your confidentiality or privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with me or with the government.

NOTICE OF RECORDKEEPING POLICIES AND PRIVACY PRACTICE

In compliance with WAC 246-810-035 / Health Insurance Portability and Accountability Act of 1996

The nature of counseling work requires your trust and assurance that any records or notes that I make will be kept safe and confidential. This paper outlines my policies on these matters.

The Records I keep

In general, I keep two types of information on my clients, Personal Health Information and Psychotherapy Session Notes. Your rights with respect to these two types of information are different. Your Personal Health Information consists of Initial Documentation and an Ongoing Treatment Record.

Initial Documentation

1. Client information sheet
2. Signed copy of my current counselor disclosure form, which includes payment information
3. Signed copy of my current statement of confidentiality, recordkeeping and privacy practices
4. Release of information if there is anyone I should speak with about you.

Ongoing Treatment Records

1. A brief note, including date and people involved, for each phone call or therapy session I have with you.
2. A brief note, including date and people involved for any phone call or meeting I have with a person you have given me permission to speak to about you.
3. A recording of any billing I make or payment I receive.
4. A working assessment of the presenting problem(s), the purpose of our work, and a diagnosis, if applicable
5. I may create an outline of significant events in your life history
6. I may create a diagram of your family structure

With regard to the Initial Documentation and Ongoing Treatment Records, you have the following rights:

1. The right to access copy or inspect your Personal Health Information. You may inspect and copy most of the medical information about you that I maintain. I will normally provide you with access to this information within 30 days of your request. I may also charge you a reasonable fee to copy

any medical information that you have the right to access. In limited circumstances, I may deny you access to your medical information, and you may appeal certain types of denials.

2. The right to amend your Personal Health Information. You have the right to ask me to amend medical information that I may have about you. I will generally amend your information within 60 days of your request and will notify you when I have amended the information. I am also permitted by law to deny your request to amend your medical information.
3. The right to request an accounting of our use and disclosure of your Personal Health Information: You may request an accounting from me of certain disclosures of your medical information that I have made in the last six years prior to the date of your request. I am not required to give you an accounting of information I have used or disclosed for purposes of treatment, payment or health care operations, or when I share your health information with cooperative personnel for purposes of treatment or a medical facility from/to which I have transported you. I am also not required to give you an accounting of my use of protected health information for which you have already given me written authorization. If you wish to request an accounting of the medical information about you that I have used or disclosed that is not exempt from the accounting requirement, contact me directly.
4. The right to request that I restrict the uses and disclosures of your Personal Health Information: You have the right to request that I restrict how I use and disclose your medical information that I have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in our health care. But if you request a restriction and the information you asked me to restrict is needed to provide you with emergency treatment, then I may use the Personal Health Information or disclose the Personal Health Information to a health care provider to provide you with emergency treatment. I am not required to agree to any restrictions you request.

Psychotherapy Session Notes

Psychotherapy Session Notes: Following some of our therapy sessions, I may write more detailed notes regarding discussion topics, significant statements you make or events your report, significant history you report, and my impressions of our session. I may also update notes. These notes are separate from the Initial Documentation and Ongoing Treatment Records described above.

These notes are considered Psychotherapy Notes under the Health Insurance Portability and Accountability Act of 1996, are a special type of Personal Health Information, and have special protections under HIPPA. You have a more limited right of access to inspect or to receive a copy of these notes and I release these notes to a third party only under very rare circumstances.

If you Would Like Reduced Records

You may request that I do not keep full Personal Health Information or Psychotherapy Session Notes about you. I will carefully consider such a request. If I agree to your request, I will need you to make that request in writing. In this case, I will still need to keep a minimal record of dates we meet and money you pay me.

When and How I Release Records

With very few exceptions, I will only release your records if you have signed an authorization requesting or agreeing that I do so. Psychotherapy Session Notes always require a separate signed authorization from you whether for purposes of treatment, payment or clinical consultation. However, your treatment will never be conditioned upon whether or not you are willing to sign an authorization.

If you wish to request release of or access to your Personal Health Information or Psychotherapy Session Notes, please contact me at the number or writing to the address at the top of this notice.

I may be required to release the records I keep on you under the following circumstances:

1. When requested by an agency that governs health oversight of me as a psychotherapist
2. When there is a threat to health or safety or if a death is under investigation
3. When requested by a mental health ombudsman in conjunction with such oversight or investigation

How I Keep Records Safe

I keep all written records about our work under lock and key in my office. On the rare occasion that I transfer files, I take care to keep them private and safe. I do not include your name on any computer document or electronic communication, with the exception of billing forms, where limited other information may be required.

How Long I Keep Records

I keep all treatment records for a period of six years following your last visit, or in the case of someone who begins treatment with me as a minor, until you turn 28. Within these periods, I keep all records safely, with properly limited access. At the end of this period, I have the records destroyed by a certified party. I have made arrangements for continued safekeeping of my records in the event of my death, disability or incapacitation.

Revisions to this Statement of Confidentiality, Recordkeeping and Privacy Practices

I reserve the right to change the terms of this notice at any time, and the changes will be effective immediately and will apply to all protected health information that I maintain. I will give all current clients a copy of any material changes to the notice. You can get a copy of the latest version of this notice upon request.