

Eastside Modern Family Therapy

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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 REVIEW IT CAREFULLY.

NOTICE:

I keep a record of the health care services I provide you. You may ask me to see and copy that record. You may also ask me 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. You may see your record or get more information about it at 23701 NE 25th Way, Sammamish, WA 98074.

I collect and create personal information about you and your health. State and federal law protects your privacy by limiting me in how we may use and disclose such information. Protected Health Information (PHI) is information about you, including: (a) Demographic information that may identify you or be used to identify you; (b) Information and that relates to your past, present or future physical or mental health or condition; (c) The provision of health care services; and (d) the past, present or future payment for the provision of health care.

I. Your Rights Regarding Your PHI

The following are rights and responsibilities you have regarding PHI that I maintain about you:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in certain limited circumstances, to inspect and receive a copy of the PHI and/or electronic PHI that I maintain upon your written request. As to your PHI that I maintain in electronic form and format, you may request a copy to which you are otherwise entitled in that electronic form and format if it is readily producible, but if not, then in any readable form and format as we may agree. Your copy request may also include transmittal directions to a third party. I may charge a reasonable, cost-based fee. I will provide a copy or a summary of your health information, usually within 30 days of your request.
- **Right to Amend Your Medical Record.** If you feel the PHI I have about you is incorrect or incomplete, you may ask me in writing to amend the information; although I am not required to agree to the amendment. The decision whether or not to amend will be sent to you in writing within 60 days. You may write a statement of disagreement if your request is denied. The statement will be maintained as part of your medical record/PHI and will be included with disclosures as relevant.
- **Right to an Accounting of Disclosures.** I am required to create and maintain a prescribed accounting of certain disclosures I may have made of your PHI. You have the right to request a copy of such an accounting for six years prior to the date you made the request. You are entitled to who I shared the information with and why. I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Right to Request Restrictions/Limitations to PHI Shared.** You have the right to request in writing a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am generally not required to agree to such a request and will deny the request if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or operations with your health insurer. I will say "yes" unless a law requires me to share that information.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you in a certain way (e.g. home or cell phone, text or voicemail, etc) or to send mail to a different address. I will accommodate all reasonable requests.
- **Right to Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before I take any action.
- **Right to a Copy of this Notice.** You have the right to obtain a paper copy of this notice upon request at any time (even if you agreed to receive this notice electronically). An updated copy will always be posted in my office and on my website at www.eastsidemodernfamily.com/forms.

- **Right to File a Complaint.** You have the right to file a complaint in writing with me in person and/or by using my contact information above, or with the Secretary of Health and Human Services if you believe I have violated your privacy rights. ***I will not retaliate against you for filing a complaint.*** You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

II. My Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations

- **Treatment.** I may share your PHI for the purpose of providing you with health care treatment, including management, coordination and continuity of your care with your current other providers. Also to Business Associates for health care education, or to provide planning, quality assurance, peer review, administrative, legal, or financial services to assist me in my delivery of your health care.
- **Payment for Services.** I may use your PHI in connection with billing statements I send you. I may use your PHI for the purpose of tracking charges and credits to your account. Unless you have requested and I have specifically agreed to restrict disclosure of your PHI to your health plan, I may disclose your PHI to third party payers to obtain information concerning benefit eligibility, coverage, and remaining availability as well as to submit claims for payment. I may use and share your health information to bill and get payment from health plans or other entities.
- **Health Care Operations.** I may use and disclose your PHI for the health care operations of my professional practice in support of the functions of treatment, to improve your care, to contact you when necessary, and for payment.

III. Other Uses and Disclosures That Do Not Require Your Authorization or Opportunity to Object

I am allowed or required to share your information in other ways – usually that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- **Required by Law.** I may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the federal Privacy Law.
- **Address workers' compensation, law enforcement, and other government requests.** I can use or share health information about you: For workers' compensation claims; For law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; For special government functions such as military, national security, and presidential protective services.
- **Respond to Organ/Tissue Donation Requests.** I can share health information about you with organ procurement organizations.
- **Work with Medical Examiner/Funeral Director.** I can share PHI with a coroner, medical examiner, or funeral director when an individual dies.
- **Help with Public Health and Safety Issues.** I may disclose your PHI when necessary to minimize an imminent danger to the health or safety of you or any other individual. I may share your PHI for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence; preventing or reducing a serious threat to anyone's health or safety.
- **Business Associates.** I may disclose your PHI to the extent minimally necessary to Business Associates that are contracted by me to perform health care operations or payment activities on my behalf, which may involve their collection, use, or disclosure of your PHI. To safeguard the privacy of your PHI, such contracts are regulated by the Department of Health and Human Services and must contain provisions designed to limit the use and re-disclosure of your PHI, to require compliance by the Business Associate with your individual rights, to subject the Business Associate to specified security obligations, and to require the Business Associate to require such obligations of a subcontractor.
- **Compulsory Process.** I will disclose your PHI if a court issues an appropriate order or in response to a subpoena. I will also disclose your PHI if (1) you and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, identifying the PHI sought, and the date by which a protective order must be obtained to avoid my compliance, (2) no qualified judicial or administrative protective order has been obtained, (3) I have received satisfactory assurances that you received notice of your right to seek a protective order, and (4) the time for your doing so has elapsed.
- **Research.** I can use or share your information for health research.

IV. Your Choices: Uses and Disclosures Requiring Your Opportunity to Agree or Object

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, please inform me of your request and I will follow your instructions. If you are not present or unable to indicate your preference, for example if you are unconscious, I may share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety, or if legally compelled.

- **Close Personal Relationships/Prior Providers.** In accordance with good professional practice, I may disclose your PHI with your family, close friends, or others involved in your care. I may disclose your PHI to your prior health care providers, unless I have given you the opportunity to agree or object, and you have objected in writing.
- **Disaster Relief Purposes.** In situations of your absence, incapacity or emergency and in accordance with good professional practice, I may disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, which are directly relevant to your identification and care.

V. Uses and Disclosures of PHI with Your Written Authorization

I will make other uses and disclosures of your PHI only with your written authorization. One example is my psychotherapy notes from our sessions (unless I am otherwise required by law). Unless I have taken a substantial action in reliance on the authorization such as providing you with health care services for which I must submit subsequent claim(s) for payment, you may revoke an authorization in writing at any time.

VI. Certain Uses and Disclosures of PHI I do not make

I do not engage in academic or commercial research involving patient PHI. I do not engage in marketing activities using patient PHI. I do not engage in the sale of patient PHI. I do no fundraising using patient PHI. I do not maintain directory information for public disclosure. I do not receive compensation for recommending any health care provider, product or service.

This Notice

This Notice of Privacy Practices informs you how I may use and disclose your PHI and your rights regarding your PHI. I am required by law to maintain the privacy of your PHI and to provide you with notice of my legal duties and privacy practices with respect to your PHI, and to notify you promptly following a breach of unsecured PHI related to you. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will not use or share your information other than as described here unless you tell provide permission in writing. If you do, you may change your mind at any time verbally and in writing. I will make available a revised Notice of Privacy Practices by providing you a copy upon your request, and by updating a copy of this notice on my website.

Complaints

I am my own Privacy/Security Official. So, if you have any questions about this Notice of Privacy Practices or complaints about how your PHI has been utilized, please contact me. My contact information is: Eastside Modern Family Therapy, Michele Loewy, MS, LMFT 23701 NE 25th Way, Sammamish, WA 98074, therapy@eastsidemodernfamily.com, Ph: (425) 202-5985. **I will not retaliate against you for filing a complaint.** You may also file a complaint with the Secretary of the Department of Health and Human Services.

The effective date of this notice is March 1, 2022.