**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.**

Your health record contains personal information about you and your health. State and federal law protects the confidentiality of this information. Protected Health Information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical and mental health, or condition, and related health care services. If you suspect a violation of these legal protections, you may file a report to the appropriate authorities in accordance with federal and state regulations.

This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with all applicable laws. It also describes your rights regarding how you may gain access to and control your PHI. I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to your PHI. 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 make available a revised Notice of Privacy Practices by sending you an electronic copy, sending a copy to you in the mail upon your request, or providing one to you in person.

**Uses and Disclosures**

*Treatment*: Your PHI may be used by me or may be disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

*Payment*: Your PHI may be used to seek payment from your health plan, other sources of coverage such an automobile insurer, or credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

*Health care operations*: Your PHI may be used as necessary to support the day-to-day activities and management of Tracey Grady Counseling. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality to ensure that my practice is meeting state and federal guidelines and laws designated to protect your health care information.

*Law enforcement*: Your PHI may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting. For example, any known or reasonably suspected cases of child abuse or neglect, any known or suspected intentions of harming oneself (suicide), and/or any known or suspected intentions of harming others.

*Public health reporting*: Your health information may be disclosed to public health agencies as required by law. For example, this practice is required to report certain communicable diseases to the State of Washington Department of Health.

*Business associates*: The following companies may have access to your PHI for the purpose of carrying out treatment, payment, and/or health care operations: Northwest Family Life; Prestige Medical Billing Company, Inc.; Sharefile; and TheraNest.

**Other uses and disclosures require your authorization**. Disclosure of your PHI for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a disclosure or use of your information, you may submit a written revocation of the authorization. However, your decision to revoke your authorization will not affect or undo any disclosure or use that occurred before you notified this practice of your decision.

**Additional Uses of Information**

*Appointment reminders*: When applicable, your PHI will be used by this practice to call/send you appointment reminders.

\_\_\_\_\_\_\_\_ PLEASE INITIAL HERE IF IT IS OKAY TO LEAVE MESSAGES AT YOUR CONTACT NUMBER(S) OR EMAIL ADDRESS PROVIDED.

*Information about treatment*: Your PHI may be used to send you information on the treatment and management of your health condition that you may find of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

**Individual Rights**

You have certain rights under the federal privacy standards. These rights include the following:

* The right to request restrictions on the disclosure and use of your PHI.
* The right to receive confidential communications concerning your medical condition and treatment.
* The right to inspect and copy your PHI.
* The right to request an amendment or to submit corrections to your PHI.
* The right to receive an accounting of how and to whom your PHI has been disclosed.
* The right to receive a printed copy of this notice.

**Provider/Office Duties**

We are required by law to maintain the privacy of your PHI and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

**Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice at your next office visit. These revised policies and practices will be applied to all PHI we maintain.

**Right to Inspect PHI**

As permitted by federal regulation, we require that requests to inspect or copy PHI be submitted in writing. You may obtain a form to request access to your records by contacting your individual practitioner. If you request a copy of your records, the following fees will be assessed: $24 clerical fee, $1.09 per page fee for the first 30 pages, and then $0.82 per page for any pages 31 and over. This fee must be paid prior to the copies being released.

**Complaints and Contact**

If you would like to submit a comment or complaint about these privacy practices or obtain additional information about these privacy practices, you can do so by sending a letter outlining your concerns to the person listed below.

Tracey Grady Counseling

420 Bell Street #202 or 6512 20th Street Court West, Suite B

Edmonds, WA 98020 Fircrest, WA 98466

(206) 939-7081

tgrady@nwfamilylife.org

Or you may also contact:

Office for Civil Rights, US Department of Health and Human Services

701 Fifth Avenue, Suite 1600, MS–11

Seattle, WA 98104

(800) 368-1019

Fax: (206) 615-2297

You will not be penalized or otherwise retaliated against for filing a complaint.

**Acknowledgement of Receipt**

I acknowledge receipt of this Privacy Notice.

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Printed Name Signature

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Date

**Effective Date:**  July 7, 2016