MINDSOURCE CENTER LLC
Carrie Sheppard & Associates

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Notice of Privacy Practices

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPPA). It describes the limits to which I may use or disclose your protected health information, with whom that information may be shared, and the safeguards I have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of this system, unless the release is required or authorized by law or regulation.

AKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

Each patient is asked to sign a consent form referencing this notice. My intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. However, the delivery of your health care services will in no way be contingent upon your signed acknowledgement. I will provide you appropriate care whether or not you sign the form.

MY DUTY TO YOU REGARDING PROTECTED HEALTH INFORMATION

Protected health Information is individually identifiable health information. This information includes demographics (for example, age, address, e-mail address), and relates to your past, present, or future physical or mental health or condition and related health care services. I am required by law to do the following:

- Make sure that your protected health information is kept private.
- Give you this notice of my legal duties and privacy practices related to the use and disclosures of your protected health information.
- Follow the terms of the notice currently in affect.
- Communicate any changes in this notice to you.

HOW I MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

- **Required Uses and Disclosures:** By law, I must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you.
- ***Treatment:*** I will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. I may disclose your protected health information to a physician, or health care provider who becomes involved in your care by providing assistance with your health care diagnosis or treatment. It is my practice to request that you sign a release of information to discuss your care with any third party. However, in emergencies, I will use and disclose your protected health information to provide the treatment you require without such permission if necessary.
- ***Payment: Y***our protected health information will be used, as needed to obtain payment for your health care services. This may include certain activities I will undertake to seek approval for care and payment for the health care services recommended for you such as determining eligibility or coverage for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. I will share your protected health information with third-party "business associates" who perform various activities (for example, billing, service authorization). The business associates will also be required to protect your health information.
- ***Required by Law:*** I may use or disclose your protected health information if law or regulation requires the use of disclosure.
- ***Public Health/Law Enforcement:*** I may disclose your protected health information for law enforcement purposes or to a public health authority who is permitted by law to collect or receive the information including the following:
    - Report child abuse or neglect.
    - Report reactions to medications.
    - Respond to legal proceedings if required.
    - Report circumstances pertaining to victims of a crime.
    - Notify the appropriate government authority if I believe a patient has been the victim of abuse, neglect, or domestic violence.
    - Notify the appropriate authority of contemplation or commission of a serious crime or harmful act.
    - Notify appropriate persons of threat to harm oneself or someone else.
- ***Legal Proceedings:*** I may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.
- ***Criminal Activity:*** Under applicable Federal and state laws, I may disclose your protected health information if I believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. I may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual with a subpoena or other legal request.

- ***Military, Veterans, National Security and Other Government Purposes:*** If you are a member of the armed forces, I may release your medical information as required by military command authorities or to the Department of Veterans Affairs. I may also disclose medical information to federal officials for intelligence and national security purposes, or for Presidential Protective Services.
- ***Worker's Compensation:*** **I** may disclose your protected health information to comply with worker's compensation laws and other similar legally established programs.
- ***Parental Access:*** Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. Some state laws also restrict such disclosures. I will abide by all laws related to you privacy and will only make disclosures consistent with such laws.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Following are examples to which your agreement or objection is required.

- ***Individuals Involved in Your Health Care:*** Unless you object, I may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. I may also give information to someone who helps pay for your care. Additionally, I may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition or death. Finally, I may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinated uses and disclosures to family or other individuals involved in your health care.

YOUR RIGHTS REGARDING YOUR HEALTH CARE INFORMATION

You may exercise the following rights by submitting a written request.

- ***Right to Inspect and Copy:*** You may inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as I maintain the protected health information. A designated record set contains medical and billing records and other records that I use for making decisions about you. To request your medical information, contact my office. If you do so, and want copies, I will charge you for costs to copy the information. I will tell you in advance what the copying will cost. You may review your records at my facility during regular business hours for no charge.

  This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding.
- ***Right to Request Restrictions:*** You may ask me not to use or disclose any part of your protected health information for treatment, payment, or other care operations. I will endeavor to honor your requested restriction. However, if I reasonably believe that the restriction is not in the best interest of either party, or I cannot reasonably accommodate the request, I have the right not to agree.
- ***Right to Request Confidential Communications:*** You may request that I communicate with you using alternative means or at an alternative location. I will not ask you the reason for your request. I will accommodate reasonable requests when possible.
- ***Right to Request Amendment:*** If you believe that the information I have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as I maintain this information. While I will accept requests for amendments, I am not required to agree to the amendment. Requests for amendment to records must be made to me in writing.
- ***Right to an Accounting of Disclosures:*** You may request that I provide you with an accounting of the disclosures I have made of your protected health information. This right applies to the disclosures made for purposes other than treatment, payment, or health care operations as described in this *Notice of Privacy Practices*. The disclosure must have been made after April 1, 2003, and no more than 6 years from the date of the request. This right excludes disclosures made to you and to family members or friends involved in your care. This right excludes disclosures made to you and to family members or friends involved in your care. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

FEDERAL PRIVACY LAWS

This *Notice of Privacy Practices* is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPPA). There are several other private laws that also apply, including the Freedom of Information Act, and the Washington State "Patient Bill of Rights". These laws have also been taken into consideration in developing my policies and this notice of how I will use and disclose your protected health information.

COMPLAINTS

Please tell me about any problems or concerns you have with your privacy rights or how I use or disclose your medical information. If for some reason I cannot resolve your concern, you may also file a complaint with the federal government through the Office of Civil Rights. I will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

CONTACT INFORMATION: You may contact us by email at: help@mindsourcecenter.com or at the phone number or address given at the top of this document.

To request this information in an alternative format, please contact Mindsource Center 253-639-7146. We will work with individuals requesting alternate formats, to ensure it is effective. Relay users please dial 711.