



**I may use and disclose your information to conduct or arrange for services including:**

- **Medical quality review by your health plan;**
- **Accounting, legal, risk management, and insurance services;**
- **Audit functions, including fraud and abuse detection and compliance programs.**

### **YOUR HEALTH INFORMATION RIGHTS**

**The health and billing records I create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. You have the right to:**

- **Receive, read, and ask questions about this notice.**
- **Ask me to restrict certain uses and disclosures. You must deliver this request in writing to me. I am not required to grant the request but I will comply with any request granted.**
- **Request and receive from me a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”).**
- **Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. I have a form available for this type of request.**
- **Have me review a denial of access to your health information—except in certain circumstances.**
- **Ask me to change your health information. You may give me this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.**
- **When you request, I will give you a list of disclosure of your health information. The list will not include disclosure to third party payors. You may receive this information without charge once every 12 months.**
- **Ask that your health information be given to you by another means or at another location. Please sign, date, and give me your request in writing.**
- **Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.**

**For help with these rights during normal business hours, please contact Denise McGuiness, Ph.D., Licensed Clinical Psychologist at 360-750-6868**

## **My Responsibilities**

I am require to:

- **Keep your protected health information private**
- **Give you this notice**
- **Follow the terms of this notice**

**I have the right to change my practices regarding the protected health information I maintain. If I make changes, I will update this notice. You may receive the most recent copy of this notice by calling and asking for it or by visiting my office to get one.**

## **To Ask for Help or Complain**

**If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact Denise McGuinness, Ph.D. at 360-750-6868.**

**If you believe your privacy rights have been violated, you may discuss your concerns with me. You may also deliver a written complaint to me at my office. You may also file a complaint with the U.S. Secretary of Health and Human Services.**

**I respect your right to file a complaint with me or with the U.S. Secretary of Health and Human Services. If you complain, I will not retaliate against you.**

## **I may use and disclose your protected health information without your authorizations as follows:**

- **With Medical Researchers—if the research has been approved and has policies to protect the privacy of your health information. I may also share information with medical researchers preparing to conduct a research project.**
- **To Report Suspected Abuse or Neglect to public authorities.**
- **For Law Enforcement Purposes such as when I receive a subpoena, court order, or other legal process, or you are the victim of a crime.**
- **In the Course of Judicial/Administrative Proceedings at your request, or as directed by a subpoena or court order.**
- **Serious Threat to Health or Safety to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person.**

**Other Uses and Disclosures of Protected Health Information**

- **Uses and disclosures not in this notice will be made only as allowed or required by law or with your written authorization.**

**Effective Date: April 14, 2003**