



DAWN DICKSON PSYCHOTHERAPY

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Confidentiality/Notice of Privacy

What is a Notice of Privacy Practices (NPP)?

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 protections, you may file a report to the appropriate authorities in accordance with Federal and State regulations. I am required by law to maintain the privacy of your PHI. State and federal laws require that I provide you with this notice that is intended to help you make informed choices as you begin psychotherapy. This document provides information about your legal rights as a psychotherapy client, including what you should expect in regards to privacy and confidentiality. The legal responsibility of selecting a clinician and treatment modality that meets your needs falls on you, so please read carefully the Practices and Policies portion of this document which outlines my experience, my approach to psychotherapy, my practice policies, fees and billing information, and the therapeutic process. You can ask me questions about this information at any time.

Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your permission. At times, therapy will involve the participation of more than one family member and/or significant person(s). While I will attempt to follow your wishes, I do not guarantee confidentiality among participants in the family or couples therapy.

There are certain situations in which I am required by law to reveal information obtained during therapy to other persons or agencies without your permission. These situations include:

- a. If you threaten bodily harm or death to another person, I am required by law to inform the intended victim and appropriate law enforcement agencies.

- b. If you threaten bodily harm or death to yourself, I will inform the appropriate law enforcement agencies and others (such as a spouse, friend, or an inpatient psychiatric institution) who could aid in prohibiting you from carrying out your threats.
- c. If you reveal information related to the abuse or neglect of a child, dependent adult, or elderly person, I am required by law to report this to the appropriate authorities.
- d. When required by court order or other compulsory process.

How I am permitted to Use and Disclose Your PHI For Treatment.

For Payment. I may use and disclose medical information about you so that I can receive payment for the treatment services provided to you.

For Healthcare Operations. I may use and disclose your protected PHI for certain purposes in connection with the operation of my professional practice, including professional consultation.

Without Your Authorization. State and Federal law also permits me to disclose information about you without your authorization in a limited number of situations, such as with a court order.

With Authorization. I must obtain written authorization from you for other uses and disclosures of your PHI. You may revoke such authorizations in writing in accordance with 45 CFR. 164.508(b)(5).

Incidental Use and Disclosure. I am not required to eliminate every risk of an incidental use or disclosure of your PHI. Specifically, a use or disclosure of your PHI that occurs as a result of, or incident to an otherwise permitted use or disclosure is permitted as long as I have adopted reasonable safeguards to protect your PHI, and the information being shared was limited to the minimum necessary.

Examples of How I May Use and Disclose Your PHI

Listed below are examples of the uses and disclosures that I may make of your PHI. These examples are not meant to be a complete list of all possible disclosures rather they are illustrative of the types of uses and disclosures that may be made.

Treatment. Your PHI may be used and disclosed by me for the purpose of providing, coordinating, or managing your health care treatment and any related services. This may include coordination or management of your health care with a third party, consultation or supervision activities with other health care providers, or referral to another provider for health care services.

Payment. I may use your PHI to obtain payment for your health care services. This may include providing information to a third party payer, or, in the case of unpaid fees, submitting your name and amount owed to a collection agency.

Healthcare Operations. I may use or disclose your PHI in order to support the business activities of my professional practice including: disclosures to others for health care education, or to provide planning, quality assurance, peer review, or administrative, legal, financial, or actuarial services to assist in the delivery of health care, provided I have a written contract with the business that prohibits it from re-disclosing your PHI and requires it to safeguard the privacy of your PHI. I may also contact you to remind you of your appointments.

Other Uses and Disclosures That Do Not Require Your Authorization 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. Examples of this type of disclosure include healthcare licensure related reports, public health reports, and law enforcement reports. Under the law, I must make certain disclosures of your PHI to you upon your request. In addition, I must make disclosures to the US Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of privacy rules.

Health Oversight. I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors) and peer review organizations performing utilization and quality control. If I disclose PHI to a health oversight agency, I will have an agreement in place that requires the agency to safeguard the privacy of your information.

Abuse or Neglect. I may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect. However, the information we disclose is limited to only that information which is necessary to make the initial mandated report.

Deceased Clients. I may disclose PHI regarding deceased clients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.

Research. I may disclose PHI to researchers if (a) an Institutional Review Board reviews and approves the research and a waiver to the authorization requirement; (b) the researchers establish protocols to ensure the privacy of your PHI; and (c) the researchers agree to maintain the security of your PHI in accordance with applicable laws and regulations.

Criminal Activity or Threats to Personal Safety. I may disclose your PHI to law enforcement officials if I reasonably believe that the disclosure will avoid or minimize an imminent threat to the health or safety of yourself or any third party.

Compulsory Process. I may be required to disclose your PHI if a court of competent jurisdiction issues an appropriate order, and if the rule of privilege has been determined not to apply. I may be required to disclose your PHI if I have been notified in writing at least fourteen days in advance of a subpoena or other legal demand, no protective order has been obtained, and a competent judicial officer has determined that the rule of privilege does not apply.

Essential Government Functions. I may be required to disclose your PHI for certain essential government functions. Such functions include: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.

Law Enforcement Purposes. I may be authorized to disclose your PHI to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions: (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person's death, if I suspect that criminal activity caused the death; (5) when I believe that protected health information is evidence of a crime that occurred on my premises; and (6) in a medical emergency not occurring on my premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.

Psychotherapy Notes. I keep a record of dates of service and fees as well as notes to assist me in my work. I make a practice of not keeping too much personal data in these notes, and I observe security precautions to protect confidentiality. You have the right to review your record if you desire. You also have the right to correct the record if you believe the information is in error. A copy of your corrections to my record will be placed within your record at your request. I must obtain your authorization to use or disclose psychotherapy notes with the following exceptions. I may use the notes for your treatment. I may also use or disclose, without your authorization, the psychotherapy notes for my own training, to defend myself in legal or administrative proceedings initiated by you, as required by the Washington Department of Health or the US Department of Health and Human Services to investigate or determine my compliance with applicable regulations, to avert a serious and imminent threat to public health or safety, to a health oversight agency for lawful oversight, for the lawful activities of a coroner or medical examiner or as otherwise required by law. In the case of my death or incapacitation, I have professional advanced directives that give permission to my designated executor to contact clients and attend to financial matters. This or these designees will have access to your records only in the cases outlined.

Uses and Disclosures of PHI With Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization. I will not make any other uses or disclosures of your psychotherapy notes, I will not use or disclose your PHI for marketing purposes, and I will not sell your PHI without your authorization. You may revoke your authorization in writing at any time. Such revocation of authorization will not be effective for actions I may have taken in reliance on your authorization of the use or disclosure.

If you become involved in legal proceedings, you may be entitled to obtain a judicial ruling that my records and recollections pertaining to you are privileged and should be excluded from admission into evidence. If this should occur, it is my preference to work with you to prevent or limit such disclosures. However, you are responsible for claiming privilege in a timely and acceptable manner. I recommend that you seek your own legal counsel for a full explanation of privilege and for possible assistance in properly asserting a privilege claim.

Disclosures may also be submitted if you sign a written authorization. If you file a claim against me, you waive your right to keep your information confidential. If you make a payment by check, bank employees are permitted to view your name. If you have caller identification on your phone, my name may appear on your monitor. You have the right to confidential communications regarding your private healthcare information, which includes the fact that you are my client. Therefore, I will not divulge specific information to anyone who answers your home or work phone, and/or you can request that I use a specific phone number should I need to contact you by phone. As an ongoing part of my clinical development and in an effort to provide you with the best possible care, I consult regularly with a licensed clinical social worker. Should I discuss your therapy with my consultant or any other clinician, I will only relate the content of our work together. You will not be named, nor will I share any details about your life that might identify you. If you have any concerns or questions about this, please let me know.

You have the right to request restrictions on certain uses and disclosures of your healthcare information. For example, you may ask me to speak to your physician, but not want me to acknowledge all that you have told me. As a treating clinician, I am legally obligated to agree to your request for restriction, but if I believe sharing the information is required for optimum care or safety, I would want us to make a mutual decision about how to proceed. You have the right to request a written accounting of the disclosures I have made of your healthcare information (if any). The law allows many exceptions to this accounting, but my preference and practice is for you to know of any disclosures before they occur. You have the right to have this written copy of my Notice of Privacy Practices.

I am required by law to abide by the terms of document, though I am also legally allowed to change the terms and to make the provisions of any modified version effective for all private healthcare information in my care. You may request that a copy of a modified version be given or sent to you.

Your contract with your health insurance company requires that I provide information relevant to the services I provide you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional information clinical information such as treatment plan summaries or copies of your entire clinical record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. I will provide you with a copy of any report I submit if you request it. You have the right to be notified of any breach of your unsecured personal health information.

Complaints

If you believe that I have violated your privacy rights, or if you disagree with a decision I have made about access to your records, you may file a complaint in writing with me and/or with the Washington State Department of Health. I will NOT retaliate against you for filing a complaint.

You may contact the Washington State Department of Health at Department of Health , Customer Service Center, P.O. Box 47857 Olympia, WA 98504-7857, 360-236-4700 , **Email:** HSQAComplaintIntake@doh.wa.gov

I have received, reviewed, and fully understand the HIPPA Rights disclosure of Dawn Dickson, MSW, LICSW set forth above.

Signature: _____

Date: _____

Signature: _____

Date: _____

Parent or Legal Guardian Signature: _____

Date: _____

Therapist Signature: _____

Date: _____