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Notice of Privacy Practices Regarding Protected Health Information

This notice describes how psychological/ medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Your **Protected Health Information (PHI)** is any information about your past, present, or future physical or mental health conditions or treatment, or any other information that could identify you. I am required by law to maintain the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices with respect to PHI. If you ever have any questions about my privacy practices, please ask me. Additional copies of this Notice can be obtained from me or through my website:

www.alexorton.com.

Uses and Disclosures of Protected Health Information (PHI):

I hold confidentiality as an essential aspect of our work together. I cannot and will not disclose any information from your sessions, including the fact that you are or have been a therapy client without your written consent. If you provide written consent you maintain the right to revoke that permission. The possible legal exceptions to this policy are listed below:

Permissible uses and Disclosures without Your Written Authorization

I may use or disclose PHI when I am required or permitted to do so by law. Examples include:

1. Where there is reason to suspect the occurrence of abuse or neglect of a child, a dependent adult, or a developmentally disabled person.
2. Where there is a clear threat to do serious bodily harm to yourself or others.
3. In a response to a subpoena issued by the Secretary of Health for investigations, hearings, or proceedings relating to the discipline, issuance, or denial of licensure to therapists or associated with a regulatory complaint.
4. Disclosures for public health activities.
5. Disclosures related to communicable diseases.
6. Health oversight activities including disclosures to state or federal agencies authorized to access PHI.
7. If you are involved in some legal action, it is possible that a court order might require I provide the court with evidence relating to your therapy.
8. If you file a worker's compensation claim, I must make mental health information that is relevant to the injury available to your employer, your representative, and the Department of Labor and Industries upon their request.
9. Disclosures for research when approved by an institutional review board.
10. Disclosures to military or national security agencies, coroners, medical examiner, and correctional institutions.
11. In the event of an emergency, emergency personnel or service providers may be given necessary information.

12. In the event of the client's death or disability, information may be released if the client's personal or the beneficiary of an insurance policy on the client's life signs a release authorizing disclosure.
13. For auditing purposes or state licensing review or as otherwise authorized by law.
14. For obtaining payment from your health insurer or to determine your insurance eligibility or coverage.
15. For activities that relate to the performance and operation of my practice, such as quality assessment and improvement activities, business-related matters such as audits and administrative services, and clinical peer review.

Uses and Disclosures Requiring Your Written Authorization

1. A signed authorization is needed before disclosing information for purposes of treatment and collaboration with anyone, including other professionals, such as attorneys, physicians, and other health care providers.
2. I do keep psychotherapy notes – notes made about your conversations during private, group, joint, or family counseling sessions. These notes are given a greater degree of protection than other PHI. These notes will only be used by me and will not otherwise be used or disclosed without your written authorization.
3. I will not use your PHI for marketing or fundraising communications without your written consent.
4. You may revoke all such authorizations (of PHI and/or Psychotherapy Notes) at any time, provided each revocation is in writing. If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. You understand that we are unable to take back any uses or disclosures we have already made, with your permission, and that we are required to retain our records of the care that we provide to you.

Your Individual Rights:

- **Right to inspect and copy:** You may request access to your medical and billing records maintained by me in order to inspect and request copies of these records, provided that information confidential to others has been removed. Copies of records obtained from other sources are not included. All requests must be made in writing. Under limited circumstances, I may deny access to your records if I believe the information may be harmful to you or someone else. You have the right to appeal any denials. I may charge a fee for the costs of copying and sending you any requested records. . If you are a parent or legal guardian of a minor 13 years of age or older, please note that certain portions of the minor's medical record will not be accessible to you without a release. [E.g., records related to mental health treatment (age 13), substance abuse treatment (age 16), sexually transmitted diseases (age 14), or abortions (age 14)]
- **Right to alternative communication:** You may request, and I will accommodate, any reasonable written request for you to receive alternative means of communication or at alternative locations. (for example, only calling you at work).
- **Right to request restrictions:** You have the right to request restrictions on certain uses and disclosure of your healthcare information I use for treatment, payment or operations. For example, you may determine what information I communicate to your physician. As a treating clinician, I am not legally obligated to agree to your request if I believe sharing this information is required for optimum care. In that case I would want us to make a mutual decision on how to proceed.

- **Right to Amend:** You have the right to request I amend your health care information. Your request must be in writing and I may deny your request under certain circumstances, such as if I believe the request is inaccurate.
- **Right to obtain notice:** You have the right to obtain a copy of this Notice by contacting me directly or through accessing my website at www.alexorton.com
- You have the right to be treated with respect, dignity, and privacy.
- You have the right to refuse any proposed treatment.
- You have the right to receive care that does not discriminate against you and is sensitive to your gender, race, national origin, age, disability and sexual orientation.
- **Question and complaints:** If you believe I have violated your privacy rights, you may file a complaint in writing with me, and/or with the Secretary of the Department of Health. I will not retaliate against you for filing such a complaint. You may contact the Dept of Health at 360-236-4700, or by writing to Washington State Department of Health, Health Systems Quality Assurance, PO Box 47850, Olympia, WA 98504-7850. You can access information on acts of unprofessional conduct online at: <http://www.legal.wa.gov/wsladm/rcw.htm>. You may also file written complaints with the Director, Office for Civil Rights of the US Department of Health and Human Services.

Effective Date and Changes

- This Notice is effective December 14, 2013
- I reserve the right to change the privacy policies and practices described in this Notice. If I change this Notice, I may make the new notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. If I change this notice I will post the revised notice on my web site and you may request a copy.