

## **NOTICE OF PRIVACY PRACTICES**

**Radiant Health Center**

**Karen Lucas LMP, LMHC**

**1605 12<sup>th</sup> Ave Suite 30**

**Seattle, WA 98122**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

As part of our professional practice, we maintain personal information about you and your health. State and federal law protects such information by limiting its uses and disclosures. "Protected health information" ("PHI") is information about you, including demographic information, that may identify you or be used to identify you, and that relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present or future payment for the provision of health care.

**Your Rights Regarding Your PHI.** The following are your rights regarding PHI we maintain about you:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in certain limited circumstances, to inspect and copy your PHI that we maintain. We may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request a copy of the required accounting of disclosures that we make of your PHI.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you in a certain way or at a certain location. We will accommodate reasonable requests and will not ask why you are making the request.
- **Right to a Copy of this Notice.** You have the right to a paper copy of this notice.
- **Right of Complaint.** You have the right to file a complaint in writing with us or with the Secretary of Health and Human Services if you believe we have violated your privacy rights. We will not retaliate against you for filing a complaint.

**Our Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations**

**Treatment.** We may use your PHI for the purpose of providing you with health care treatment. To coordinate and manage your care, we may disclose your PHI to others of your current providers, and to the extent you have not raised an objection in writing, to your prior providers, or to other persons, including family members, involved in your care.

**Payment.** We may use your PHI in connection with billing statements we send you and my system for tracking charges and credits to your account. In addition, but with your authorization, we may disclose your PHI to third party payers to obtain information concerning benefit eligibility, coverage, *Notice of Privacy Practices – July 2006 page 1 of 3* 4and remaining availability, as well as to submit claims for payment and to disclose PHI for medical necessity, quality assurance reviews and Appointmentquest for making an reminding of y9our appointments.

**Health Care Operations.** We may use and disclose your PHI for the health care operations of our professional practice in support of the functions of treatment and payment. Such disclosures would be to Business Associates for health care education, or to provide planning, quality assurance, peer review, administrative, legal, or financial services to assist us in our delivery of your health care.

### **Other Uses and Disclosures That Do Not Require Your Authorization or Opportunity to Object**

**Required by Law.** We 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 are public health reports, abuse and neglect reports, law enforcement reports, and reports to coroners and medical examiners in connection with investigation of deaths. We also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**Health Oversight.** We may disclose your PHI to a health oversight agency for activities authorized by law, such as our professional licensure. Oversight agencies also include government agencies and organizations that audit their provision of financial assistance to us (such as third-party payers).

**Threat to Health or Safety.** We may disclose your PHI when necessary to minimize an imminent danger to the health or safety of you or any other individual.

**Appointment Reminders.** We may use your PHI to contact you to remind you of your appointments with us.

**Business Associates.** We may disclose your PHI to Business Associates that are contracted by us to perform health care operations or payment activities on our behalf which may involve their collection, use or disclosure of your PHI. Our contract with them must require them to safeguard the privacy of your PHI.

**Compulsory Process.** We will disclose your PHI if a court of competent jurisdiction issues an appropriate order. We will also disclose your PHI if (1) we have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, identifying the PHI sought, and the date by which a protective order must be obtained to avoid our compliance, (2) no qualified judicial or administrative protective order has been obtained, (3) We have received

satisfactory assurances that you received notice of an opportunity to have limited or quashed the discovery demand, and (4) such time has elapsed.

**Uses and Disclosures of PHI With Your Written Authorization**

We will make other uses and disclosures of your PHI only with your written authorization. You may revoke this authorization in writing at any time, unless we have taken a substantial action in reliance on the authorization such as providing you with health care services for which we must submit subsequent claim(s) for payment.

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**This Notice**

This Notice of Privacy Practices informs you how we may use and disclose your protected health information ("PHI") and your rights regarding your PHI. We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will make available a revised Notice of Privacy Practices by providing you a copy upon your request, or providing a copy to you at your next appointment.

**Contact Information**

**I am my own Privacy Officer. If you have any questions about this Notice Of Privacy Practices, please contact me:**

**Karen Lucas LMP, LMHC 1605 12<sup>th</sup> Ave suite 30, Seattle, WA 98122  
Phone (206)324-5744**

**Complaints**

If you believe we have violated your privacy rights, you may file a complaint in writing to the Privacy Officer, specified above. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

**The effective date of this Notice is April 14, 2003. Acknowledgment**

I hereby acknowledge receiving a copy of this notice.

\_\_\_\_\_  
Signature of Patient (or Guardian, If applicable)

\_\_\_\_\_ Date

\_\_\_\_\_ Name of minor being treated (if applicable)

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