

Burien Counseling
Drayton Lemert MACP LMHC
Credential Number: LH 60921208

This Notice describes how much medical information about you may be used and disclosed and how you can get access to this information. Please Review this Notice Carefully

Purpose

Recognizing the trust you place in me as your therapist, I am committed to protecting the privacy of your personal information. I am also required by law to maintain this privacy, and to provide you with this detailed Notice of my legal responsibilities and privacy practices relating to your personal healthcare information.

This is a legal document required by new federal regulations and therefore contains specific legal terms specified in federal law.

Record Keeping Practices

Standard practice requires me to keep an official record of your therapy process, including a general description of your emotional and psychological functioning, a diagnosis if required for insurance purposes, agreed-upon treatment goals, a list of symptoms, any medications and some description of your progress throughout the time we work together. The content of your record is altered somewhat if I am seeing you as a member of a family.

Your Rights Relating to Your Personal Healthcare Information

- To inspect and receive a copy of your personal healthcare information for as long as I maintain it. I am permitted to charge a reasonable, cost-based fee for copies. Only in certain limited circumstances may this right be restricted.
- To request that I amend your personal healthcare information if you believe it is incorrect. I am not required to agree to the amendment, but you have the right to file a statement of disagreement with me and I am allowed to prepare a rebuttal to your statement – all which will go into your official record.
- To request restrictions on certain uses and disclosures of your healthcare information for the purposes of treatment, payment or operations of my practice. You may also request that any part of your personal healthcare information not be disclosed to your family members or friends who may be involved in your care. Please be advised I am not required to agree to such a

request. If I believe it is in your best interest to make such disclosures, I will not honor your restriction request.

- To request confidential communications from me by alternative means or at an alternative address. I will accommodate reasonable requests and will not require an explanation of your request. I may condition an accommodation on your providing information as to how payment will be handled, and/or for an alternative address or other means of contact.
- To receive a copy of the required accounting disclosures that I make of your personal healthcare information. This accounting documents non-routine disclosures or those made for purposes other than treatment, payment or operations of my practice. It also excludes disclosures I may have made to you or disclosures made at your request and accompanied by a specific written authorization of disclosure.
- To file a complaint with me and/or with the Secretary of Health and human Services. I will not retaliate against you for filing such a complaint.

Uses and Disclosures of Your Healthcare Information

I may use your personal healthcare information for the purpose of providing you treatment. To coordinate and manage your care, I may disclose your information to others of your current providers, and to the extent you have not raised an objection I writing, to your prior providers, or to other persons (including family), involved in your care.

I may use your personal healthcare information in connection with billing statements I send you and in my system of tracking charges and credits to your account. With your authorization, I may disclose your information to third party payors to obtain information concerning benefit eligibility, coverage and remaining availability, as well as to submit claims for payment and disclose your healthcare information for medical necessity and quality assurance reviews.

I may use and disclose your personal healthcare information for the healthcare operations of my practice in support of the function for the healthcare operations of my practice in support of the functions of treatment and/or payment. Such disclosures would include those for administrative, legal, or financial services to assist me in providing your healthcare treatment.

Other Uses Disclosures that Do Not Require Your Authorization or An Opportunity to Object.

I may use or disclose your personal healthcare information to the extent that the use or disclosure is required by law, made in compliance with the law, and limited 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. I must also make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with requirements of the Privacy Rule.

I may also disclose your personal healthcare information to a healthcare oversight agency for activities authorized by law such as my professional licensure. Oversight agencies also include government agencies and organization that audit the provision of financial reimbursement to me, such as third party payers. I may disclose your healthcare information when necessary to minimize an imminent danger to the health or safety of you or any other individual.

I may use your personal information to contact you to remind you of your appointments with me. I may disclose your personal healthcare information to Business Associates to perform professional services on my behalf; which may involve their collection, use or disclosure of our personal information. If I have business partners at a later date and/or business associates, they may have access to your personal file and information, as we will be sharing office space and file cabinet storage, and doing case consultations together. These Associates and a partner will also be required by law to keep confidential your personal healthcare information.

I may disclose your personal healthcare information if a court of competent jurisdiction issues an appropriate order. I will also disclose your personal healthcare information if:

1. You and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, identifying the personal healthcare information sought, and the date by which a protective order must be answered.
2. No qualified judicial or administrative protective order has been obtained.
3. I 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 your Personal Healthcare information Made With Your Authorization

I will make other uses and disclosures of your personal healthcare information only with your written authorization. You may revoke this authorization in writing at any time,

unless I have taken a substantial action in reliance on the authorization such as providing you with healthcare services for which I must submit subsequent claim(s) for payment.

Changes to this Notice of Privacy Practices

I am required to abide by the terms of this Notice of Privacy Practices, but I am also permitted to change the terms of this Notice at any time. Once a revision is in effect, it applies to all of your personal healthcare information that I maintain whether or not you are still in treatment with me. You may request a copy of my revised Notice of Privacy Practices at any of your appointments; ask that one be mailed to you by leaving me a message on my answering machine, or by accessing the current Notice of Privacy Practice on the web.

Contact Information:

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