

Notice of Privacy Practices (HIPAA)

Information discussed during therapy sessions is held in strict confidence.

In accordance with the **Health Information Portability and Accountability Act of 1996 (HIPAA)**, this notice is to inform you of your rights regarding your records and any possible disclosure of your records.

Under federal law, I am required to:

1) Protect the privacy of your Personal Health Information (PHI). **2)** Provide you with this Notice of Privacy Practices explaining my duties and practices regarding your PHI. **3)** Follow the Practices and Procedures set forth in this notice.

PRIVACY PRACTICES, cont.

Your PHI will be kept securely in a locked file. Your records are not kept on a computer data base. Your records will be retained for 7 years following the end of treatment with Amber Bauerle, LICSW and discarded by shredding at the end of the 7 years. Your PHI may only be released under the following circumstances:

- 1)** Washington State Law requires me to notify law enforcement officials if I suspect that a child or dependent adult is being abused or is in imminent danger from acts by you; you pose an imminent risk of danger to yourself, another person or property; or you are unable to care for your own basic needs.
- 2)** I may be required to disclose specific information about you in the course of any legal proceeding in response to an order of the court or administrative agency, and in certain cases, in response to a subpoena, discovery request or other lawful request.
- 3)** In the event of an unpaid account, typical information for insurance billing will be submitted to an authorized collection agency.

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PRIVACY PRACTICES, cont.

Except for the situations already described, I will disclose your PHI only with your written authorization. You may revoke the authorization at any time after signing.

You have the right to:

- 1)** Request restrictions. We will discuss these if any problems are associated with your request.
- 2)** Request a copy of your PHI. Please request in writing and there will be a nominal fee for this production. At times this request may be inappropriate and denied. You will be notified in writing. You may appeal that decision in writing and that will be included in your PHI.
- 3)** Request specific instructions regarding phone or other communications.

HIPAA requires:

Confirmation that you have received this Notice and it must be retained in your file. Please sign and date this confirmation. Thank you for your time and consideration in meeting these federal and state requirements.

Acknowledgement

My signature below indicates that I have been provided a copy of this document including HIPAA Privacy Notice on this date. I have had an opportunity to ask questions to clarify my understanding of the information.

Client Signature	Date
Client Signature	Date
Client Signature	Date