

NOTICE OF PRIVACY PRACTICES

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

Tending Relationships PLLC is a “hybrid entity” as defined under HIPAA, a federal law. This means that there are aspects of the business conducted by Tending Relationships and Kellee Gibbons that are covered health care components, such as counseling and psychotherapy, and aspects that are not, such as teaching, training and other services. This notice addresses my privacy practices regarding covered health care services and health care information.

This notice tells you how I handle information about you. It tells how I use this information in my office, how I share it with other professionals and organizations, and how you can see it. I am required to tell you about this because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If my privacy practices change I will offer you a copy of the new Notice of Privacy Practices Notice. Also, a current version of my Notice of Privacy Practices is posted in my office and is available at www.tendingrelationships.com.

In most situations I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by state law or HIPAA. Clients who are 13 or older must sign the written authorization form.

Your Medical Information

Each time you visit me I may collect information about your physical or mental health. It may be information about your past, present or future health or condition, the treatment or services received or about payment for health care. This information is called Protected Health Information (PHI). The information goes into your medical record at my office. It is likely to include the following:

- Your personal history
- Reasons you came for treatment: problems, symptoms, needs, goals
- Diagnoses: medical terms for your problems, symptoms, disabilities
- Treatment Plan: services that I think will help you
- Progress Notes
- Records from others who treated or evaluated you
- Psychological test scores, school records, and the like
- Information about medications you are taking
- Legal matters
- Billing and insurance information

Medical information is used for many purposes. For example I may use it to:

- Plan your care
- Decide how well my treatment is working for you
- Talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to me
- Show that you actually received the services from me that I billed to you or your health insurance company

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How Protected Health Information Can Be Used and Shared

When your information is read by me or others, it is called “use.” If the information is shared with or sent to others outside this office, it is called “disclosure.” Except in some special circumstances, when I use your PHI or disclose it to others, I share only the minimum necessary PHI needed for the purpose. The law gives you rights to know about your PHI, how it is used, and to have a say in how it is disclosed.

Use or disclosure of the following protected health information does not require your consent of authorization:

1. Uses and disclosures required by law-*like files court-ordered by a Judge*
2. Uses and disclosures about victims of abuse, neglect, or domestic violence-*like the duties to warn explained in the Disclosure Statement*
3. Uses and disclosures for health and oversight activities-*like correcting records or correcting records already disclosed*
4. Uses and disclosures for judicial and administrative proceedings-*like a case where you are claiming malpractice or breach of ethics*
5. Uses and disclosures of law enforcement purposes-*like if you intend to harm someone else*
6. Uses and disclosures to avert a serious threat to health or safety-*like calling Probate Court for a commitment hearing*
7. Uses and disclosures for Worker’s Compensation-*like the basic information obtained in therapy/counseling as a result of your Worker’s Compensation claim*

Your Rights as a Patient under HIPAA

1. As a client, you have the right to see your file, unless it would endanger your health or another person’s health or safety. *Psychotherapy notes are afforded special privacy protection under HIPAA regulations and are excluded from this right.*
2. As a client, you may obtain a copy of your treatment plan, or a summary of your treatment. There is a standard administrative fee for copies. A fee for a treatment summary may apply.
3. As a client, you have the right to request amendments to your counseling/therapy file.
4. As a client, you have the right to receive a history of all disclosures of protected health information. You will be required to pay any copying fees @ \$.20 a page as well as a fee for my time.
5. As a client, you have the right to restrict the use and disclosure of your PHI for the purpose of treatment, payment, and operations. If you choose to release any protected health information, you will be required to sign a Release of Information form detailing exactly to whom and what information you wish disclosed.
6. As a client, you have the right to register a complaint with the Secretary of Health and Human Services if you feel your rights, herein explained, have been violated.

Tending Relationships P.L.L.C.
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I acknowledge that I have received and read the **HIPAA Client's Rights**. I further acknowledge that I seek and consent to treatment with Kellee Gibbons. My signature below confirms that I understand and accept all the information contained in the **Professional Disclosure Statement** and the **HIPAA Client's Rights**.

Printed name of Client

Printed name and relationship to
client of person authorized
To sign for client under age 13

Signature of Client

Date

Signature of Authorized Party

Date

Witnessed by:

Kellee Gibbons, MA, LMHC

Date