

HIPAA Notice of Privacy Practices

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

Counselors have always managed records with great concern for privacy and confidentiality. Silverstream Unlimited, PLLC only releases information in accordance with state and federal laws and the ethics of the counseling profession. The following information details the provisions of the Health Insurance Portability and Accountability Act (HIPAA) regarding the use and disclosure of your “individually identifiable”¹ health information. **Like other health professionals, we are mandated by HIPAA to give you this notice as a separate document and ask that you acknowledge receipt of the notice in writing.**

Use and disclosure of protected health information for the purposes of providing services.

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care.

State and federal laws and HIPAA allow us to use and disclose your health information for these purposes:

1. **Treatment:** Information about you can be used to assist in your care. (Protected health record information is not shared with outside health care professionals unless you request it in writing.)
2. **Payment:** If you request medical insurance involvement, health information can be used and disclosed in the billing process. If you use credit cards to pay for services, your bill will show “Silverstream Unlimited, PLLC” as the source of the charge.
3. **Healthcare Operations:** Use and disclosure of health information is permitted, and sometimes necessitated, by business activities (such as office or contracted personnel), review of treatment procedures, and/or compliance with licensing.
4. **As required by law:** Confidentiality of health records is broken when mandated by law, for example: the reasonable belief that there is danger to yourself or others; or a court order.

Client Rights

You have the following rights regarding your medical information:

1. **The right to request how we communicate with you.** You have the right to request that your counselor communicate with you in a certain way or at a certain location. For example, you may prefer to be contacted at work instead of at home to schedule or cancel an appointment, or you may wish to receive billing statements in person rather than by email. Please notify Ann Silvers of any restrictions you wish to place on methods of communication.

¹ There are no restrictions on the use or disclosure of de-identifiable health information (names and information that might identify the person having been removed or left out).

2. **The right to release your medical records.** You have the right to request that your clinical record be released to others (ie another counselor or guardian ad litem). Any such request must be made in writing on the appropriate form. You have the right to revoke any such release. Any revocation of release must be made in writing and is not valid to the extent that actions were taken already in compliance with the release. *There will be a materials and time charge for copying and mailing requested records.*
3. **The right to inspect and obtain a copy of your medical record.** Viewing the record is best done during a professional consultation in order to clarify any questions that you might have. *You will be charged a time and materials fee for copying and mailing the record.*
4. **The right to request a correction or add an addendum to your record.** If you believe that there is an inaccuracy in your clinical record you may request a correction or amendment. Any requests for changes should be made in writing. It may take up to 30 days to process requests for changes and the request may be denied. If the request is denied, you will receive an explanation in writing with a full description of the rationale. You have the right to file a disagreement statement if your request is denied.
5. **The right to an accounting of disclosures of your information to third parties.** For a period of 6 years backdated from the date of any such request, you have the right to request of list of who and when your information has been disclosed. The following disclosures are exempt from such a request:
 - a. Disclosures for treatment, payment or healthcare operations
 - b. Disclosures pursuant to a release signed by you
 - c. Disclosures made to you
 - d. Disclosures for national security or law enforcement
6. **The right to request restrictions on how your information is used.** You have the right to request restrictions on certain uses or disclosures of your information. These requests must be in writing. These requests will most likely be honored, although in some cases they may be denied. This office does not use or release your protected health information for marketing purposes or any other purpose aside from treatment, payment, healthcare operations, and other exceptions required by law.
7. **The right to file a complaint.** If you have a problem with the handling of your health record, please notify Ann Silvers of your concerns. If you are not satisfied, you have the right to file a written complaint addressed directly to the Secretary of the Department of Health and Human Services.
8. **The right to receive changes in policy.** You may make a written request to receive any future changes in this policy. Send such requests to Ann Silvers (contact information below).

This notice goes into effect December 26, 2011. Silverstream Unlimited, PLLC reserves the right to change the terms of this notice and make the new notice provisions effective for all the records maintained. We will make a good faith effort to provide you with a revised statement in a timely manner.

If you have any questions or concerns about this notice or this health information privacy policy, please ask Ann Silvers in person or contact her at: 206-660-9840, 253-853-7049 ann@annsilvers.com, or ann@silverstreamunlimited.com; 1013 140th St Ct NW, Gig Harbor WA 98332

I have read this *HIPAA Notice of Privacy Practices*:

Name _____ Signature _____

Date _____