



USES AND DISCLOSURES OF PHI WITH WRITTEN AUTHORIZATION

Other use and disclosures of your PHI will be made only with your written authorization. You may revoke this authorization in writing at any time; unless I have already taken an action in reliance on the authorization of the use or disclosure you permitted, such as providing you with health care services for which I must submit subsequent claims for payment.

FUTURE REVISIONS OF THIS NOTICE OF PRIVACY PRACTICES

As a therapist in private practice, I serve as my own Privacy Officer and reserve the right to revise or amend this Notice at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will make available a revised Notice by posting a copy on my website, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

CRAIG STULL, MA, LMHC



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Phone (206) 329-1660

Craig Stull, MA, LMHC
Psychotherapist

*Your health record contains personal information about you and your health. State and Federal law safeguards the confidentiality of your **protected health information** or PHI. Your PHI consists of information that may identify you, including demographic data, and that relates to your past, present or future physical or mental health or condition and related health care services.*

Recent Federal legislation (known as HIPAA) directs me to provide you with this notice informing you of my privacy practices and legal obligations as well as your rights concerning your PHI. I am required to abide by the terms of this Notice of Privacy Practices. If you suspect a violation of the privacy practices herein stated you have the right to file a report with the appropriate authorities in accordance with Federal regulations.

Ensuring the confidentiality of your health information is important to me. If you have any questions about this notice or wish to receive additional copies, please contact me at:

206-329-1660

Notice effective date: January 1, 2017

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 THIS NOTICE CAREFULLY.

YOUR RIGHTS REGARDING YOUR PHI

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in certain limited circumstances, to inspect and copy PHI that may be used to make decisions about your care. I may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures that I have made of your PHI.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use of your PHI for treatment, payment, or health care operations. This includes your right to order me not to disclose to health insurers any services for which you have personally paid out of pocket.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. I will accommodate reasonable requests and will not ask why you are making the request.
- **Right to Notification of Breach of PHI.** In the unlikely event that your PHI is stolen or accidentally made public or at risk of being made public you would be notified.
- **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 me or with the Secretary of Health and Human Services if you believe I have violated your privacy rights. I will not retaliate against you for filing a complaint.

PERMISSABLE USES AND DISCLOSURES OF PHI FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

- **Treatment:** Your PHI may be used and disclosed by me for the purpose of providing, coordinating, or managing your health care treatment and any related services. This may include coordination or management of your health care with a third party, consultation with other health care providers or referral to another provider for health care services.
- **Payment:** I may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. I may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services.
- **Health Care Operations:** I may use and disclose your PHI in order to support the business activities of my professional practice including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities. Your PHI cannot be sold without your explicit authorization nor will it be used by me for any fundraising purposes.

OTHER USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

- **Required by Law:** I may use or disclose your PHI to the extent necessary 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 and law enforcement reports. I also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

- **Health Oversight.** I may disclose PHI to a health oversight agency for activities authorized by law, such as professional licensure. Oversight agencies also include government agencies and organizations that provide financial assistance to me (such as third party payers).
- **Abuse or Neglect.** I may disclose your PHI to a State or local agency that is authorized by law to receive reports of abuse or neglect. However, the information I disclose is limited to only that information which is necessary to make the initial mandated report. I may also disclose PHI regarding deceased patients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.
- **Research.** I may disclose PHI to researchers if (a) an Institutional Review Board reviews and approves the research and an authorization or waiver to the authorization requirement; (b) the researchers establish protocols to ensure the privacy of your PHI; and (c) the researchers agree to maintain the security of your PHI in accordance with applicable laws and regulations.
- **Threat to Health or Safety.** I may disclose PHI when necessary to prevent a serious threat to your health and safety to the public or another person.
- **Criminal Activity on My Business Premises or Against Me.** I may disclose your PHI to law enforcement officials if you have committed a crime on my premises or against me or my staff.
- **Compulsory Process.** I will disclose your PHI if a court of competent jurisdiction issues an appropriate order. I will disclose your PHI if you and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, and no protective order has been obtained, and I have satisfactory assurances that you have received notice of an opportunity to have limited or quashed the discovery demand.