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Notice of Privacy Practices under HIPAA

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.

Definitions

I may use or disclose your Protected Health Information (PHI) for treatment, payment and health care operations purposes with your consent and, in certain cases, without your consent. To help clarify these terms, here are some definitions:

- “PHI” means information in your health record that could identify you.
- “Treatment” means the provision, coordination or management of your health care and other services related to your health care. An example of treatment is my consultation with another health care provider, such as your family physician.
- “Payment” is reimbursement to me for your health care. An example of payment includes payment to me by your insurer.
- “Health care operations” are activities that relate to the performance and operation of my practice. Examples are quality assessment and improvement activities, audits, administrative services, case management and care coordination.
- “Use” means activities within my practice, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- “Disclosure” means activities outside my practice, such as releasing, transferring or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment and health care operations when appropriate authorization is obtained from you. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing psychotherapy notes about you. “Psychotherapy notes” are notes I have made about our conversation during a private, group, joint or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization or (2) the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insure the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- Child abuse: If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.
- Adult and domestic abuse: If I have reasonable cause to believe that abandonment, abuse, financial exploitation or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the Washington Department of Social and Health Services. If I have reason to suspect that sexual or physical assault has occurred, I must immediately report it to the appropriate law enforcement agency or to the Department of Social and Health Services.
- Health oversight: If the Washington Examining Board of Psychology subpoenas me as part of its investigations, hearing or proceedings relating to the discipline, issuance or denial of licensure of state licensed psychologists, I must comply with its orders. This could include disclosing your relevant mental health information.
- Judicial or administrative proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that I have provided to you and the records thereof, such information is privileged under state law. I will not release the information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious threat to health or safety: I may disclose your confidential mental health information to any person without authorization if I reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety or the health or safety of another individual.
- Workers' compensation: If you file a workers' compensation claim, with certain exceptions, I must make available at any stage of the proceedings all mental health information in my possession, relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative and the Department of Labor and Industries upon request.

Patient's Rights and Psychologist's Duties

Patients have the following rights:

- Right to request restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI. However, I am not required to agree to a restriction request.
- Right to receive confidential communications by alternative means and at alternative locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.
- Right to inspect and copy: You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this

decision reviewed. On your request, I will discuss with you the details of the request and denial process.

- Right to amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- Right to an accounting: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. On your request, I will discuss with you the details of the accounting process.
- Right to a paper copy: You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologists have the following duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide you with a revised notice by mail.

Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me at 425-765-0475.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to the Secretary of the US Department of Health and Human Services.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.