

## **HIPAA Notice of Privacy Policies**

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The following describes how your healthcare information is protected, the ways in which it may be used and disclosed, and the ways you can gain access to it.

I may use or disclose your Protected Health Information (PHI) for treatment, payment and for the purpose of health care operations with the consent you have provided by signing the Consent to Treatment form, or in certain cases, by requesting that you sign a specific Release of Information (ROI) allowing me to disclose health care information about you.

### **Relevant Definitions:**

- “Personal healthcare information” (PHI) refers to the information in your treatment record that identifies you.
- “Treatment” is my provision or management of your health care, such as seeking a consultation with another health care professional as a way of better serving you.
- “Payment” relates to any attempt to obtain authorization or reimbursement for services, generally from the information you provide regarding your insurance or managed care coverage.
- “Health Care Operations” are activities that relate to running my practice, which can include administrative services, case management, an outside assessment of my compliance with regulations, and other business-related matters.
- “Use” applies to activities within my office that help to manage the services I provide.
- “Disclosure” refers to activities relating to your care that happen outside of my office, including providing access or releasing information to other individuals or organizations.

### **Rights and Responsibilities of the Client:**

- You have the right to request restrictions on certain uses and disclosures of your PHI; however, my response to your requests may be informed by certain legal and ethical requirements.
- PHI that you request will normally be provided via your mailing address and/or phone number. You have the right to provide a written request to receive communication of your PHI at an alternate address or phone.
- You have the right to view or receive a copy of your file including PHI and Progress Notes; however, I may deny you access under certain circumstances. You have the right to appeal my denial.
- You have the right to request an amendment to your PHI, though certain legal and ethical requirements will dictate my response to the request.
- You have the right to obtain a replacement copy of this notice upon request.
- You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
- You have a right to be notified if the following occur: A.) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; B.) that PHI has not been

encrypted to government standards; and C.) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

- You have the right to obtain a replacement copy of this notice upon request.

#### **Rights and Responsibilities of the Psychologist:**

- I am required by law to maintain the privacy of your PHI and to provide this notice outlining my policy regarding the privacy of your PHI.
- I may from time to time change my privacy policies and will notify you in writing at your next psychotherapy appointment following that change. Unless I notify you of a change, my policies will remain as written in this document.

#### **Uses and Disclosures of PHI Requiring Consent or Authorization:**

- I will obtain a Release of Information (ROI) from you before using or disclosing PHI. By signing a Release of Information (ROI), you allow me to use or disclose information about you for purposes of treatment, payment and health care operations. This provides specific permission above and beyond that which you have given by signing the Consent to Treatment form.
- I will request that you sign a Release of Information (ROI) if I am asked to release information for purposes of your treatment elsewhere, payment, or health care operations. I will also need you to sign a Release of Information (ROI) if you request that I release your Progress Notes.
- You may revoke all authorizations at any time by written request. You may not, however, revoke an authorization if I have already taken action on it based on your prior signature. Further, if the authorization was obtained as a condition of acquiring or using insurance benefits, your insurance company has a legal right to receive information to contest a claim.

#### **Uses and Disclosures of PHI Not Requiring Consent or Authorization:**

- If I have reasonable cause to believe that you are a threat to your own or another person's health or safety, I am required to report this suspicion in order to protect your wellbeing or that of another person.
- If I have reasonable cause to believe that a child has been abused or neglected, I am required to report my suspicion to law enforcement and to the Department of Social and Health Services. If I have reasonable cause to believe that an elderly or otherwise vulnerable adult has been abused, abandoned, exploited or neglected, I am required to report my suspicion to the Department of Social and Health Services. If I have reason to suspect sexual or physical assault, I must additionally inform law enforcement.
- If the Washington Examining Board of Psychology subpoenas me as part of an investigation, I am required to comply and may be asked to disclose your PHI.
- If you are involved in a legal proceeding and a request is made for information regarding the services I have provided. Your PHI is privileged under State law; however, I must release your PHI if I am presented with a signed authorization from you or your representative, if I receive a properly executed subpoena and you have failed to inform me that you are contesting the subpoena, or if I am ordered to release your PHI by a court of law. This privilege does not apply when you are being evaluated by order of the court or for a third party.
- If you file a Worker's Compensation claim, I must make available any PHI in my possession that is relevant to your particular injury. Relevance is determined by the Department of Labor and Industries. This department, along with your employer and any personal representative can request your PHI.
- When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes

certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

**Complaints:**

If you believe that I have violated your privacy rights or if you disagree with a decision that I make regarding access to your PHI, you may contact the Examining Board of Psychology at the address or phone number below. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

Washington State Department of Health  
Examining Board of Psychology  
P.O. Box 47868  
Olympia, Washington 98504-7868  
Phone: 360.236.4910