



Art and Shelter©
Notice of Privacy Practices and HIPAA

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. This information will include the Protected Health Information (PHI), as that term is defined in privacy regulations issued by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and, as applicable, RCW Chapter 70.02 entitled “Medical records-- Heath Care Access and Disclosure.” Please review it carefully.

Your personal health information is very sensitive. I will not disclose your information to others unless you tell me to do so, or unless the law authorizes or requires me to do so. The law protects your privacy and I will respect that. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows me to use and disclose your protected health information for purposes of treatment and health care operations. State law requires me to get your authorization to disclose this information for payment purposes.

Your health information rights

The health and billing records I create and store are the property of Helena Hillinga Haas, MA, ATR, LMHC. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this notice
- Ask me to restrict certain uses and disclosures. You must deliver this request in writing to me. I am not required to grant that request. But I will comply with any request granted;
- Request and receive from me a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”)
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. I have a form available for this type of request.
- Have me review a denial of access to your health information—except in certain circumstances.
- Ask me to change your health information. You may give me this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- Give you a list of disclosures of your health information. The list will not include disclosures to 3rd party payers. You may receive this information without charge once every 12 months. I will notify you of the cost involved if you request this information more than once every twelve months.
- If you ask that your health information be given to you by another means or at another location. Please sign, date, and give me your request in writing.
- Cancel prior authorizations to sue or disclose health information by giving me a written revocation. Your revocation does not effect information that has already been released. It also does not effect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

My responsibilities

I am required to:

- Give you this notice
- Keep your protected health information private
- Follow the terms of this Notice

I may make changes to this notice and you have the right to request a copy of these changes, if applicable. If changes are made, I'll let you know.

Art Therapy notes

These are notes recorded (in any medium) to document or analyze the contents of a conversation during a private counseling session or in a consulting or group session.

Art Therapy notes may include diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. They may also include a small sketch of the art that was made by a client. The notes generally exclude medication prescriptions and monitoring. I may share these notes if the disclosure is necessary to prevent harm to you or someone else. Or, if there are certain laws requiring me to share my notes then I may do so. Every step will be made to keep these notes private and anyone of the age of 13 or older has the right to keep their counseling sessions private.

To ask for help or to make a complaint

If you have questions, want more information, or want to report a problem about the handling of your protected health information, contact Helena Hillinga Haas at Helena@artandshelter.com; 206-612-8876.

If you believe your privacy rights have been violated, you may discuss your concerns with the Privacy Officer. You may send a written complaint to the Washington State Department of Health at: 510 4th Ave. W., Suite 404, Seattle, WA 98119.

You may also file a complaint with the U.S. Secretary of Health and Human Services.

I respect your right to file a complaint with me or to the Secretary of HHS, and I will not retaliate against you.

Protected Health Information (PHI):

Protected health information means individually identifiable health information, which is: transmitted by electronic means, maintained in any means described in the definition of electronic media; or transmitted or maintained in any other form or medium.

Examples of use and disclosures of Protected Health Information for Treatment, Payment, and Health Operations are:

Treatment

- Information obtained by a nurse, physician, clinical psychologist, MSW, therapist, or other member of the treatment team will be recorded in your medical record and used to help decide what care may be right for you.
- I may also provide information to others providing you care. This will help them stay informed about your care.

Payment

- In Washington State, written patient permission is required to use or disclose PHI for payment purposes, including to your health insurance plan. I will have you sign another form “Assignment of Benefits” or a similar form for this purpose (RCW 70.02.030(b)). Health plans need information from me for your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

Health care operations:

- I may use your medical records to assess quality and improve services.
- I may contact you to remind you about appointments and give you information about treatment alternatives or other health related benefits and services.
- I may use and disclose your information to conduct and arrange for services, including:
 - medical review by your health plan
 - accounting, legal, risk management, and insurance services
 - audit functions, including fraud and abuse detection and compliance programs

Other disclosures and uses of Protected Health Information

Notification of family and others.

Unless you object, I may release health information about you to a friend or family member who is involved in your medical care if I believe you are in danger or further information is required in order to help you. I may also give information to someone who helps pay for your care. I may tell your family or friends your condition and that you are in a hospital. In addition, I may disclose health information about you to assist in disaster relief efforts.

You have the right to object to this use or disclosure of your information. If you object, I will not use or disclose it.

Other use or disclosure of your Protected Health Information without your authorization is:

To comply with Workers’ Compensations Laws if you have made workers’ compensation claims.
For Public Health and Safety Purposes as allowed or required by law:

To prevent or reduce a serious, immediate threat to the health or safety of a person or the public.]

To public health or legal authorities.

To protect public health and safety.

To prevent or control disease, injury, or disability

To report vital statistics such births or deaths.

To report suspected abuse or neglect to public authorities.

To correctional institutions if you are in jail or prison, as necessary for your health and the health and safety of others.

For law enforcement purposes such as when I receive a subpoena, court order, or other legal process, or you are a victim of a crime.

For health and safety oversight activities. For example I may share health information with the Department of Health For Disaster Relief Purposes. For example, I may share health information with disaster relief agencies to assist in notification of your condition to family or others.

To the military authorities of U.S. and foreign military personal. For example, the law may require me to provide information necessary to a military mission.

In the course of judicial/administrative proceedings at your request, or as directed by a subpoena or court order.

For specialized government function. For example, I may share information for national security purposes.

Specialized Authorizations

Certain federal and state laws that provide special protections for certain kinds of personal health information call for specific authorizations from you to use or disclose information. When your personal health information falls under these special protections, I will contact you to secure the required authorizations to comply with federal and state laws such as:

- Uniform Health Care Information Act (RCW 70.02)
- Sexually Transmitted Diseases (RCW 70.24.105)
- Drug and Alcohol Abuse treatment Records (RCW 70.96S.150)
- Mental Health Services for Minors (RCS 71.05.390-690)
- Communicable and Certain other Diseases Confidentiality (WAC 246-100-016)
- Confidentiality of Alcohol and Drug Abuse Patients (42 CFR Part 2)

If I need your health information for any reason that has not been described in this notice, I will ask for your written authorization before using or disclosing any identifiable health information about you. More important, if you choose to sign an authorization to disclose information, you may revoke that authorization at a later time to stop any future use and disclosure. Other uses and Disclosures of Protected Health Information uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

Effective Date: 08/1/2014