***Amy S. Clark, Psy.D.***

Clinical Psychologist

P.O. Box 12808 Everett, WA 98206 Email: dramyclark@icloud.com

**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.**

This Notice of Privacy Practices describes how Amy S. Clark, Psy.D. may use and share your medical information with others to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to see and amend your Protected Health Information (PHI). PHI is information about you and services you have received. This would include information such as your name, address, date of birth, diagnosis, treatment, or other information that may identify you and your past, present or future mental health treatment you receive. You have the right to approve or refuse the release of specific information except when the release is required or authorized by law or regulation.

Our office is required by law to: make sure your protected health information is kept private; give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information; follow the terms of the notice currently in effect; communicate any changes in the notice to you.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future.

**1. Uses and Disclosures of Your Medical Information**

Your PHI may be used and shared by Amy Clark, Psy.D, with others outside of the office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, and any other use permitted or required by law. Following are examples of permitted uses and disclosures of your PHI not requiring your written authorization. These examples are not exhaustive.

**Treatment:** We will use and share your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party (for example, sending PHI about you to a specialist as part of a referral), confer with your primary care physician, a consulting psychologist, a psychiatrist, or to coordinate with a residential facility that provides care for you. If you require emergency treatment, we will use and disclose your protected health information to provide the treatment you require.

**Payment:** Your PHI will be used, as needed, to receive payment for your health care services; for example, it will be used for getting approval for extended treatment, as required by some insurance companies, or sending billing information to your insurance company.

**Appointment Reminders and Other Notifications:** We may use and disclose your PHI to discuss your appointment scheduling by phone or email. Your PHI may also be used if you communicate via email, phone or text to ask questions or comment on your treatment.

**Uses and Disclosures Without Your Authorization**We may use or disclose your PHI in several other situations **without** your authorization. We may give out PHI about you for public health purposes, abuse or neglect reporting, research studies, funeral arrangements and organ donation, workers’ compensation purposes, Food and Drug Administration requirements, and emergencies. We also disclose PHI when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

**As Required by Law:** We may disclose your PHI when required to do so under federal state or local law.

**For Public Health Activities:** We may disclose your PHI for certain public health activities.

**Abuse and Neglect:** We may disclose your PHI to public officials who are authorized by law to receive reports regarding abuse, neglect and domestic violence.

**Health Oversight Activities:** We may disclose your PHI to organizations providing oversight of health care facilities and services, such as governmental agencies and benefit programs.

**For Legal Proceedings:** We may disclose your PHI in the course of judicial or administrative proceedings, including in response to a subpoena or an order of the court.

**For Law Enforcement Purposes:** We may disclose your PHI to law enforcement officers in certain circumstances where we suspect criminal misconduct, to report a crime on our premises or in emergency situations.

**To Coroners and For Organ Donation:** We may disclose your PHI to coroners or medical examiners for the purpose of identifying a deceased person, determine the cause of death or as otherwise required. We may also disclose your PHI to funeral directors as necessary for them to carry out their duties.

**To Avert Serious Harm:** We may disclose your PHI when necessary to prevent a serious threat to the safety and health of the public or a person, including yourself.

**Government Functions:** We may disclose your PHI to military officials if you are an active member of the military or to determine eligibility and/or benefits for veterans. We may also disclose your PHI for national security, intelligence activities, the protection of the President, and to determine officials’ suitability to serve in public office. If you are an inmate of a correctional facility, we may disclose your PHI to officials at the correctional facility.

**Workers’ Compensation:** We may disclose your PHI as authorized to comply with workers’ compensation laws or similar programs that provide benefits for work related injuries or illness.

**Individual Involved With Your Health Care:** Unless you object, we may disclose to a member or your family, a relative or any other person you identify, your PHI that directly relates to that person’s involvement in your health care. We may also give billing information to someone who helps pay for your care.

**Other Permitted and Required Uses and Disclosures**

Other uses and disclosures not described on this notice will be made only with your authorization or opportunity unless required by law. These include most uses and disclosures of psychotherapy notes (where appropriate). You will be asked to sign a separate authorization for any uses and disclosures not described here. You may revoke your authorization at any time by submitting a request in writing to our office.

**2. Minors**

The HIPAA Privacy Rule indicates that parents generally have the authority to make health care decisions about their minor children. Thus, parents are generally recognized as personal representatives and can therefore access PHI about their children, authorize disclosures to third parties and exercise other privacy rights of the child. The three exceptions to this provision are: if a state law allows a minor to access mental health services without the consent of a parent; when a court makes the determination or a law authorizes someone other than the parent to make health care decisions for the minor; when the parent or guardian assents to an agreement of confidentiality between Amy S. Clark, Psy.D. and the minor. If one of these exceptions applies, the HIPAA Privacy Rule makes it clear that, although records do not have to be disclosed, the minor may still voluntarily choose to involve a parent or adult as a personal representative. However, if the minor does choose to involve a parent or adult, the minor maintains the exclusive ability to exercise his or her rights under the Privacy Rule. In addition, regardless of the information above, the Rule specifically does not preempt state laws that either grant or deny parents access to their children’s health information.

The parent or guardian will be excluded from the minor’s privacy rights under the following conditions: If there is reason to believe that the minor has been or may have been subjected to domestic violence, abuse or neglect; or there is reason to believe that letting the parent or guardian exercise the minor’s privacy rights could endanger the minor; and Amy S. Clark, Psy.D. decides “in the exercise of professional judgment” that letting the parent or guardian exercise those rights is not in the best interest of the minor.

The personal or legal representative (such as a guardian) of an adult or emancipated minor patient will be treated as if he or she were the patient, in terms of exercising the privacy rights described above—for example, the right to access records or authorize disclosures to third parties.

**3. Your Rights**

The following are statements of your rights about PHI.

**You have the right to inspect and request a copy of your PHI.** Federal law, however, does create some exceptions to this right and exempts the following records: psychotherapy notes; information gathered to be used in a civil, criminal, or administrative action or proceeding. In certain circumstances we may deny your request and you may be entitled to request that our denial be reviewed.

**You have the right to request a restriction of your PHI.** This means you may ask us not to use or share any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members, friends or other individuals who may be involved in your care. While Amy Clark, Psy.D. will consider any reasonable request for restrictions, we are not required to agree to your request, unless you request a restriction on certain disclosures of your PHI to a health plan where you have paid for the service on your own.

**You have the right to request that PHI about you be communicated to you in a confidential manner,** such as sending mail to an address other than your home or by other means. Your request must state how or where you would like to be contacted, and we will accommodate reasonable requests.

**You have the right to obtain a paper copy of this notice from us upon request** at **any time.** You may ask us to give you a paper copy of this notice at any time.

**You may have the right to request that Amy Clark, Psy.D. amend your PHI**. To request that Dr. Amy Clark amend your PHI, you must make your request in writing and explain why the amendment is needed. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare an answer to your statement and will provide you with a copy of any such answer.

**You have the right to receive an accounting of certain disclosures, if any, of your PHI.** The accounting of disclosures does not apply to disclosure for treatment, payment and health care operations or for disclosures we have made to you or at your request. The first accounting requested in a twelve (12) month period is free, but you may be charged for the cost of producing additional accountings during that same twelve (12) month time period.

**You have the right to and will receive notifications of breaches of your unsecured PHI.** If your PHI maintained by Amy Clark, Psy.D. or business associates has been breached, we will notify you of the situation and take actions to mitigate any harm that might results from the breach. When we become aware of or suspect a breach we will conduct a Risk Assessment. We will keep a written record of that Risk Assessment. Unless we determine that there is a low probability that PHI has been compromised, then we will give notice of the breach. The risk assessment can be done by a business associate if it was involved in the breach. While the business associate will conduct a risk assessment of a breach of PHI in its control, we will provide any required notice to patients and appropriate governing bodies. After any breach, particularly one that requires notice, we will re-assess our privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches.

**You have the right to complain to Amy Clark, Psy.D. or to the Secretary of Health and Human Services** if you believe your privacy rights have been violated. You may file a complaint with us in writing. Filing a complaint will not affect your health care services in any way. You may file a complaint with the Secretary of Health and Human Services at 200 Independence Ave SW Washington DC 20201 or call 1(877) 696-6775. No retaliation against you will occur for filing a complaint.

**TO EXERCISE ANY OF THESE RIGHTS**, you may ask Amy Clark, Psy.D. for the proper forms and instructions.  
**We reserve the right to change the terms of this notice** for all records and will inform you at your next session.

We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and notify you following a breach of your unsecured PHI. If you have any questions or complaints, please contact Amy Clark, PsyD.

This notice was published and becomes effective on November 15, 2018.

By signing below, you only acknowledge that you have received a copy of this HIPAA Notice of Privacy Practices.

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

Patient was given a copy of this notice: \_\_\_\_\_\_\_\_\_\_\_\_

Patient refused to sign acknowledgement: \_\_\_\_\_\_\_\_\_\_

If the patient refused to sign, please document our efforts to obtain the patient’s signature and explain why the signature was not obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_