

Daphna Steier, PsyD
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Notice of Policies and Practices to Protect the Privacy of Your Health Information (HIPAA)

As required by federal legislation, this notice describes how health care information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Dr. Steier may disclose protected health information (PHI) for the purposes of treatment, payment, and health care operations with the consent you have provided by signing at the end of the "New Client Registration" form. In certain situations, Dr. Steier may request that you sign another authorization allowing disclosure of health care information.

To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, payment, and health care operations*”
 - *Treatment* is when Dr. Steier provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when Dr. Steier consults with another health care provider.
 - *Payment* is when Dr. Steier obtains reimbursement for your health care. Examples of this are when Dr. Steier discloses your PHI to your health insurer to obtain reimbursement for your health care, or to determine eligibility for coverage.
 - *Health care operations* are activities that relate to the performance and operation of Dr. Steier’s practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within Dr. Steier’s office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of Dr. Steier’s office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Dr. Steier may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when Dr. Steier is asked for information for purposes outside of treatment, payment, and health care operations, she will obtain an authorization from you before releasing this information.

You may revoke all such authorizations for release of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Dr. Steier has already taken actions in reliance on that authorization, or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent Nor Authorization

Dr. Steier may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If Dr. Steier has reasonable cause to believe that a child has suffered abuse or neglect, she is required by law to report it to the proper law enforcement agency or the Washington State Department of Social and Health Services.
- **Adult and Domestic Abuse:** If Dr. Steier has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, she must report that information to the Washington State Department of Social and Health Services. If Dr. Steier has reason to suspect that sexual or physical assault has occurred, she must report that information to the appropriate law enforcement agency and to the Department of Social and Health Services.
- **Health Oversight:** If a state licensing or health care regulatory body issues a subpoena for your PHI as part of its investigations, hearings, or proceedings relating to the discipline, issuance, or denial of licensure or certificate, she must comply with such a subpoena and related legal orders. This could include disclosing your PHI.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that you have received from Dr. Steier's office and the records thereof, such information may be privileged under state law. Dr. Steier will release your PHI if she is presented a signed authorization from you or your legal representative, if she receives a properly executed subpoena and you have not informed me that you are contesting the subpoena, or if she is ordered to release your PHI by a court. This 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:** If you file a worker's compensation claim, with certain exceptions, Dr. Steier must make available, at any stage of the proceedings, all PHI in her possession that is relevant to that particular injury, in the opinion of the Washington State Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

IV. Patient's Rights and Clinician's Duties

Patient's Rights:

- *Right to Request Restrictions:* You have the right to request restrictions on certain uses and disclosures of PHI about you. However, Dr. Steier is not required to agree to a restriction you 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 receiving services from Dr. Steier. Upon your written request, she will send your and other information to another address.)
- *Right to Inspect and Copy:* You have the right to inspect or obtain a copy (or both) of PHI in Dr. Steier's health care and patient account records used to make decisions about you for as long as the PHI is maintained in the record. Dr. Steier may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, she 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. Dr. Steier may deny your request. On your request, she 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 (as described in Section III of this notice). On your request, Dr. Steier 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 this notice from Dr. Steier upon request, even if you have agreed to receive this notice electronically.
- *Right to Be Notified About Breaches:* You have the right to be notified if there is a breach of unsecured PHI. You have the right to be notified if there is a breach or disclosure of your PHI in violation of HIPAA, or if PHI is not encrypted to government standards, or if Dr. Steier's risk assessment fails to determine that there is a low probability that PHI has been compromised.

Clinician's Duties

- Dr. Steier is required by law to maintain the privacy of PHI and to provide you with a notice of her legal duties and privacy practices with respect to PHI.
- Dr. Steier reserves the right to change the privacy policies and practices described in this notice. However, unless Dr. Steier notifies you of such changes, she is required to abide by the terms currently in effect.
- If you are a current patient and Dr. Steier revises her policies and procedures with respect to PHI, she will notify you about the changes.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact Dr. Steier in writing addressed to: Daphna Steier, Psy.D., 2910 E. Madison St., Suite 105, Seattle, WA 98112.

You may also send a written complain to the Secretary of the U.S. Department of Health and Human Services. Dr. Steier can provide you with the appropriate address upon request.

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