

# ***DEBRA A. LITTRELL, M.A., LMHC***

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## ***Confidentiality & Rights***

### **Confidentiality**

There are Federal and State laws that require your healthcare information be kept private. This is an explanation of how I may use and disclose your private information. All of your records will be kept confidential unless you sign a release/exchange of information giving me permission to share information. In some limited situations, the law requires me to disclose your information without either written or verbal consent.

I will ask you to sign a consent form allowing me to use and disclose your information for the purposes of treatment, payment, healthcare operations in my office. I am allowed to refuse to treat you if you do not sign the consent form.

- Treatment means providing coordination, or managing healthcare related services by one or more healthcare providers. For example, I may need to share information with other providers or specialists involved in your care. And, your insurance company may require I coordinate with other providers for them to reimburse you for services.
- Payment means activities such as obtaining reimbursement for services, verifying coverage, billing or collection activities, utilization review. For example, I may disclose treatment information when your medical plan requires it.
- Healthcare operations include the business aspects of running my practice.

You may revoke such authorization in writing and I am required to honor and abide by that written request, except to the extent I have already taken actions relying on your authorization or as permitted by law.

In some limited situations, the law requires me to use and disclose your information without your permission. All disclosures will remain confidential with the following exceptions:

- In the case of death or disability, the person's personal representative, other person authorized to sue, or the beneficiary of an insurance policy on the person's life, health, or physical condition.
- When a state or federal law mandates that certain health information be reported for a specific purpose.
- Disclosure to government authorities about victims of suspected abuse, neglect, or domestic violence.
- Uses and disclosures for health oversight activities, such as for the audits for by your insurance plan, or for investigation of possible violation of healthcare laws.
- Disclosures in response to subpoenas or orders of the court.
- If you waive the privilege by bringing charges against me.
- Disclosures for law enforcement purposes, such as to provide information about someone who is suspected to be a victim of a crime, or to provide information about a crime at my office.
- Disclosure related to worker's compensation programs.

You have the following rights with respect to your protected health information by presenting a written request to me:

- The right to request restrictions on certain uses and disclosures of protected information to any person identified by you. I am not required to agree to a requested restriction. If I do agree to a restriction, I must abide by it unless you agree in writing to remove it.
- The right to ask me to communicate with you in a confidential way, such as by communicating via a specific phone number other than home or work, or mailing any health information to a different address. Please provide a written request. Especially if you have included phone numbers and addresses on your intake form that you would not like me to use.
- The right to ask to see or get photocopies of your record. You will have to pay for photocopies in advance. I do charge a fee to release your records to an outside source other than healthcare providers, ie. lawyers. You must complete my written release/exchange of information to allow me to release the records.
- The right to receive an accounting of disclosures of protected health information.
- The right to amend your protected health information.
- The right to obtain a paper copy of this notice from me upon request.

### **HIPPA - Federal Privacy Laws**

To protect your privacy I do not do any electronic transfers of information. This includes e-mailing and electronic transfers by computer. No information about you is kept on my computer. I have chosen to operate this way due to the increased risk more sophisticated hackers are posing. All of your information is kept confidential except for the exceptions noted in the confidentiality section of this document. To learn more about HIPPA go to: The US Dept. Of Health & Human Services Office of Civil Rights, 200 Independence Ave. SE, Washington DC, 20201, 877-696-6775.

### **Client Rights**

You have a right to choose your therapist and the treatment modality which best suits your needs. You have a right to refuse treatment any time. If you have concerns about how therapy is going please discuss it with me so we can either reach resolution or refer you to another therapist. Most often difficulties that arise in treatment are a part of the treatment process.

### **State of Washington Credentialing Act**

"Counselors practicing counseling for a fee must be Registered or Licensed with the Department of Licensing for the protection of the public health and safety. Registration or licensure of an individual with the Department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment." This act was designed to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.