



HIPAA & NOTICE OF PRIVACY PRACTICES

The Perceptive Mind, PLLC is committed to maintaining and protecting the confidentiality of the individual's Public Health Information (PHI). The Perceptive Mind, PLLC is required by federal and state law, including the Health Insurance Portability and Accountability Act ("HIPAA"), to protect the individual's PHI and other personal information. The Perceptive Mind, PLLC is required to provide the individual with this Notice of Privacy Practices regarding their specific policies, safeguards, and practices. When The Perceptive Mind, PLLC uses or discloses an individual's PHI, The Perceptive Mind, PLLC is bound by the terms of this Notice of Privacy Practices, or the revised notice of Privacy Practices, if applicable.

I. MY PLEDGE REGARDING YOUR PERSONAL HEALTH INFORMATION

- I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:
 - Make sure that protected health information ("PHI") that identifies you is kept private.
 - Give you this notice of my legal duties and privacy practices with respect to health information.
 - Follow the terms of the notice that is currently in effect.
 - I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION

The following describes the ways The Perceptive Mind, PLLC may use and disclose PHI. Except for the purposes described below, The Perceptive Mind, PLLC will use and disclose PHI only with the individual's written permission. The individual may revoke such permission at any time by writing to The Perceptive Mind, PLLC: Compliance Officer, Jennifer Penny.

- *For Treatment*: We may use and disclose PHI for the individual's services. For example, The Perceptive Mind, PLLC may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside The Perceptive Mind, PLLC, who are involved in the individual's medical care and need the information to provide the individual with medical care.
- *For Payment*: We may use and disclose PHI so that or others may bill and receive payment from the individual, an insurance company or third party for the treatment and services the individual received. For example, we may tell the individual's insurance company about a treatment the individual is going to receive to determine whether the individual's insurance company will cover the treatment.
- *For Health Care Operations*: We may use and disclose PHI for health care operation purposes. The uses and disclosures are necessary to make sure that all The Perceptive Mind, PLLC patients receive quality care and to operate and manage our office.
- *Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services*: We may use and disclose PHI to contact the individual to remind them that they have an appointment with The Perceptive Mind, PLLC. We also may use and disclose PHI to tell the individual about treatment alternatives or health-related benefits and services that may be of interest to the individual.

- ***Research:*** Under certain circumstances, The Perceptive Mind, PLLC may use and disclose PHI for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. The Perceptive Mind, PLLC will generally ask for the individual's written authorization before using the individual's PHI or sharing it with others to conduct research. Under limited circumstances, we may use and disclose PHI for research purposes without the individual's permission.
- ***Incidental Use and Disclosure:*** We are not required to eliminate every risk of an incidental use or disclosure of your PHI. Specifically, a use or disclosure of your PHI that occurs as a result of, or incident to an otherwise permitted use or disclosure is permitted as long as I have adopted reasonable safeguards to protect your PHI, and the information being shared was limited to the minimum necessary.

III. CERTAIN USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

- ***Psychotherapy Notes:*** I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - For my use in treating you.
 - For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - For my use in defending myself in legal proceedings instituted by you.
 - For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
 - Required by law and the use or disclosure is limited to the requirements of such law.
 - Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - Required by a coroner who is performing duties authorized by law.
 - Required to help avert a serious threat to the health and safety of others.
- ***Marketing Purposes:*** I will not use or disclose your PHI for marketing purposes without your prior written consent. For example, if I request a review from you and plan to share the review publicly online or elsewhere to advertise my services or my practice, I will provide you with a release form and HIPAA authorization. The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking or other personal health details). Because you may not realize which information you provide is considered "PHI," I will send you a HIPAA authorization and request your signature regardless of the content of your review. Once you complete the HIPAA authorization, I will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request to me via the email address I keep on file or via certified mail to my address. Once I have received your written withdrawal of consent, I will remove your review from my website and from any other places where I have posted it. I cannot guarantee that others who may have copied your review from my website or from other locations will also remove the review. This is a risk that I want you to be aware of, should you give me permission to post your review.
- ***Sale of PHI:*** I will not sell your PHI.

IV. SITUATIONS REQUIRING DISCLOSURE OF INFORMATION WITHOUT CONSENT

- ***As Required by Law:*** We will disclose PHI when required to do so by international, federal, state, or local law.
 - **To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI when necessary to prevent a serious threat to the individual's health and safety or the health and safety of others. Disclosures, however, will be made only to someone who may be able to help prevent or respond to the threat, such as law enforcement or potential victim. For example, we may need to disclose information to law enforcement when a patient reveals participation in a violent crime.

- **Law Enforcement:** We may release PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, The Perceptive Mind, PLLC is unable to obtain the individual's agreement; (4) about a death The Perceptive Mind, PLLC believes may be the result of criminal conduct; (5) about criminal conduct on The Perceptive Mind, PLLC premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime. For law enforcement purposes, including reporting crimes occurring on my premises. To coroners or medical examiners, when such individuals are performing duties authorized by law.
- **Abuse or Neglect:** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety. However, the information we disclose is limited to only that information which is necessary to make the required mandated report. According to both Washington and Oklahoma laws regarding child abuse and neglect reporting, *persons who report in good faith have immunity from criminal and civil liability* (WA RCW 26.44.080, OK 10A O.S. § 1-2-104, & 43A O.S. § 10-104).
I am considered a Mandatory Reporter, and I may provide information to CPS/DHS and law enforcement when reporting abuse or neglect that would otherwise be confidential. Reports for abuse and neglect will be made in accordance with the Washington State Department of Social and Health Services, and the Oklahoma Department of Human Services protocol.
- **Essential Government Functions:** We may be required to disclose your PHI for certain essential government functions. Such functions include but are not limited to: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.
- **Business Associates:** We may disclose PHI to any business associates that perform functions on our behalf or provide The Perceptive Mind, PLLC with services if the information is necessary for such functions or services. All The Perceptive Mind, PLLC business associates are obligated to protect the privacy of the individual's information and are not allowed to use or disclose any information other than as specified in our contract.
- **Lawsuits and Disputes:** If the individual is involved in a lawsuit or a dispute, The Perceptive Mind, PLLC may disclose PHI in response to a court or administrative order. The Perceptive Mind, PLLC also may disclose PHI in response to a subpoena, discovery request, or other lawful request by someone else involved in the request or to allow the individual to obtain an order protecting the information requested.
- **Health Oversight:** I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors) and peer review organizations performing utilization and quality control. If we disclose PHI to a health oversight agency, we will have an agreement in place that requires the agency to safeguard the privacy of your information.
- **Psychotherapy Notes:** If kept as separate records, we must obtain your authorization to use or disclose psychotherapy notes with the following exceptions. We may use the notes for your treatment. We may also use or disclose, without your authorization, the psychotherapy notes for my own training, to defend myself in legal or administrative proceedings initiated by you, as required by the Oklahoma Board of Behavioral Health or the US Department of Health and Human Services to investigate or determine my compliance with applicable regulations, to avert a serious and imminent threat to public health or safety, to a health oversight agency for lawful oversight, for the lawful activities of a coroner or medical examiner or as otherwise required by law.

- Appointment Reminders and Health Related Benefits or Services: I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
- Consultation: I may consult with other professionals about your case to help provide you with appropriate care. If I do such consultations, I will make every effort to avoid revealing information that could identify you to maintain your privacy.
- Insurance: If you use your insurance benefits, I must share clinical information about you as described in the Insurance Reimbursement section below at the request of your insurance company.

V. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI

- The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
- The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full: You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- The Right to Choose How I Send PHI to You: You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
- The Right to See and Get Copies of Your PHI: Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within Oklahoma states laws and regulations, of receiving your written request, and I may charge a reasonable, cost-based fee for doing so.
- The Right to Get a List of the Disclosures I Have Made: You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within Oklahoma of receiving your request. The list I will give you will include disclosures made in Oklahoma unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
- The Right to Correct or Update Your PHI: If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within Oklahoma required expectations.
- The Right to Get a Paper or Electronic Copy of this Notice: You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it. (This notice will be available in your client portal).
- Right to Get Notice of a Breach: The Perceptive Mind, PLLC is committed to safeguarding the individual’s PHI. If a breach of the individual’s PHI occurs The Perceptive Mind, PLLC will notify the individual in accordance with state and federal law.
- Right to Request Restrictions: Individuals have the right to request a restriction or limitation on the PHI The Perceptive Mind, PLLC uses or disclose for treatment, payment, or health care operations. Individuals also have the right to request a limit on the PHI we disclose to someone involved in the individual’s care or the payment for the individual’s care, like a family member or friend.
 - To request a restriction, the individual must make their request, in writing, to the Department in which their care was provided. The Perceptive Mind, PLLC is not required to agree to the individual’s request unless the individual is asking us to restrict the use and disclosure of the individual’s PHI to a health plan for payment or health care operation purposes and such information the individual wishes to restrict pertains solely to a health care item or service for which the individual has paid The Perceptive Mind, PLLC out-of-pocket in full. If we agree, we will comply with the individual’s request unless the information is needed to provide the

individual with emergency treatment or to comply with law. If we do not agree, we will provide an explanation in writing.

- *Out-of-Pocket Payments:* If the individual pays out-of-pocket (or in other words, the individual has requested that The Perceptive Mind, PLLC not bill the individual's health plan) in full for a specific item or service, the individual has the right to ask that the individual's PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

VI. INDIVIDUAL PARTICIPANT RIGHTS

- You have the right to:
 - Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
 - Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
 - Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;
 - Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises or to address risk of harm to the individual or others. "Reasonable" is defined as minimally invasive searches to detect contraband or invasive searches only upon the initial intake process or if there is reasonable suspicion of possession of contraband or the presence of other risk that could be used to cause harm to self or others;
 - Be free of any sexual harassment;
 - Be free of exploitation, including physical and financial exploitation;
 - Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
 - Participate in the development of your individual service plan and receive a copy of the plan if desired;
 - To review your individual service record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections.
 - Make a mental health advance directive consistent with chapter 71.32 RCW;
 - and
 - Submit a report to the department when you feel the agency has violated your rights or a WAC requirement regulating behavioral health agencies.
- All applicable individual participant rights described in this notice will be:
 - Provided in writing to each individual on or before admission;
 - Be available in alternative formats for individuals who are visually impaired.

VII. TO REPORT GRIEVANCES OR COMPLAINTS

- Clients, their guardian(s), and any individual of the client's choosing (including appointed advocates) have the right to voice their concerns, and/or file a formal complaint/grievance without fear of retaliation or barriers to treatment. A formal complaint or grievance is an incident or alleged incident that occurred in the provision of, or failure to provide, any services by The Perceptive Mind that led to violation of ethical codes. Complaints must be received in writing and can be sent to The Perceptive Mind at contact@perceptive-mind.com.
- You also have the right to make any reports of grievances or concerns to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated and can be contacted Toll Free at 1-877-696-6775. Additionally, each party has the right to appoint an advocate to act on their behalf. An advocate is also available in Washington through the Office of Behavioral Health Advocacy (OHBA), and in Oklahoma through the Oklahoma Department of Mental Health and Substance Abuses Services (ODMHSAS) Consumer Advocacy Division.

- To file a grievance or provide input for The Perceptive Mind and its personnel, please do not hesitate to contact The Perceptive Mind via email, fax, or phone:
 - Email: contact@perceptive-mind.com
 - Fax: (360) 570-2010
 - Phone: (360) 948-5205

VIII. CHANGES TO THIS NOTICE

Should any changes need to be made to this notice, such changes will apply to all the information I have about you. The new notice will be available upon request, on site, and on The Perceptive Mind's website.

ACKNOWLEDGMENT OF RECEIPT OF HIPAA & PRIVACY PRACTICE NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS NOTICE:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.
- That I understand all its content and sign my name freely, voluntarily and without coercion.

Signature of Client

Printed Name of Client

Date

Signature of Provider

Printed Name of Provider

Date

Jennifer Penny, MS, LPC, LMHC, NCC, NCSC, ADHD-CCSP, RPT™, AutPlay® Certified Provider
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