

# ESSENTIAL STRIDES COUNSELING, PLLC

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## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) NOTICE OF PRIVACY PRACTICES

### **I. What is "Protected Health Information"?**

Your protected health information (PHI) is health information that contains identifiers, such as your name, Social Security number, or other information that reveals who you are. For example, your medical record is PHI because it includes your name and other identifiers.

### **II. About my responsibility to protect your PHI**

By law, I must:

- 1) Protect the privacy of your PHI
- 2) Provide you with this notice of your rights and my legal duties and privacy practices with respect to your PHI
- 3) Follow the terms of the Notice currently in effect.

I take these responsibilities seriously and will take appropriate steps to safeguard the privacy of your PHI.

### **III. Your rights regarding your PHI**

This section tells you about your rights regarding your PHI—for example, your medical and billing records. It also describes how you can exercise these rights.

#### **Your right to see and receive copies of your PHI**

In general, you have a right to see and receive copies of your PHI in designated record sets such as your medical record or billing records. If you would like to see or receive a copy of such a record, please provide me with a written request so that I may include it in your file. After I receive your written request, I will let you know when and how you can see or obtain a copy of your record. If you agree, I will give you a summary or explanation of your PHI instead of providing copies.

In limited situations, I may deny some or all of your requests to see or receive copies of your records, but if I do, I will tell you why in writing and explain your right, if any, to have my denial reviewed.

#### **Your right to choose how I send PHI to you**

You may ask me to send your PHI to you at a different address (for example, your work address) or by different means (for example, fax instead of regular mail). When I can reasonably and lawfully agree to your request, I will. However, I am permitted to charge you for any additional cost of sending your PHI to different addresses or by different means.

**Your right to correct or update your PHI**

If you believe there is a mistake in your PHI or that important information is missing, you may request that I correct or add to the record. Please write to me and tell me what you are asking for and why I should make the correction or addition. Send your request to:

**Michelle Wedig, Ph.D.**  
**1800 112<sup>th</sup> Ave. NE, Suite 322E**  
**Bellevue, WA 98004**

I will respond in writing after receiving your request. If I approve your request, I will make the correction or addition to your PHI. If I deny your request, I will tell you why and explain your right to file a written statement of disagreement. You must tell me clearly in writing if you want me to include your statement in future disclosures I make of that part of your record. I may include a summary instead of your statement.

**Your right to an accounting of disclosures of PHI**

You may ask me for a list of our disclosures of your PHI. Write to me at:

**Michelle Wedig, Ph.D.**  
**1800 112<sup>th</sup> Ave. NE, Suite 322E**  
**Bellevue, WA 98004**

The list I give you will include disclosures made in the last six years, unless you request a shorter time.

An accounting does not include certain disclosures for example, disclosures to carry out treatment, payment and health care operations; disclosures for which I had an authorization; disclosures of your PHI to you; disclosures for notification for disaster relief purposes; or disclosures to persons involved in your care and persons acting on your behalf.

**Your right to request limits on uses and disclosures of your PHI**

You may request that I limit my uses and disclosures of your PHI for treatment, payment and health care operations purposes. However, by law, I do not have to agree to your request.

**Your right to receive a paper copy of this notice**

You also have a right to receive a paper copy of this notice upon request.

**IV. How I may use and disclose your PHI**

Your confidentiality is important to me. Sometimes I am allowed by law to use and disclose certain PHI without your written permission. I describe briefly these uses and disclosures below and give you some examples.

How much PHI is used or disclosed without your written permission will vary depending, for example, on the intended purpose of the use or disclosure. Sometime I may only need to use or disclose a limited amount of PHI, such when I consult with peers; I will provide a general description of your symptoms and functioning in order to solicit feedback about my treatment plan. At other times, I may need to use or disclose more PHI such as if I were concerned about your safety.

- **Treatment alternatives and health-related benefits and services:** In some instances, the law permits me to contact you: 1) to describe my services or to describe the extent to which I offer these various services; 2) for your treatment; 3) for case management and care coordination; or 4) to direct or recommend available treatment options, therapies, third-party reimbursement, or care settings. For example, I may tell you about a new drug or procedure or about educational or health management activities.
- **Health care operations:** I may use and disclose your PHI for certain health care operations, for example, quality assessment and improvement, licensing, accreditation and customer service.
- **Business associates:** I may contract with business associates to perform certain functions or activities on behalf of the practice, such as payment, storage and collection operations. These business associates must agree to safeguard your PHI.
- **Specific types of PHI:** There are stricter requirements for use and disclosure of some types of PHI, for example, mental health and drug and alcohol abuse patient information, HIV, ARC or AIDS information, mental illness and mental health testing information. However, there are still circumstances in which these types of information may be used or disclosed with your authorization.
- **Communication with family and others when you are present:** Sometimes a family member or other person involved in your care will be present when I am discussing your PHI with you. If you object, please tell me and I won't discuss your PHI or I will ask the person to leave.
- **Communication with family and others when you are not present:** There may be times when it is necessary to disclose your PHI to a family member or other person involved in your care because there is an emergency, you are not present, or you lack the decision making capacity to agree or object. In those instances, I will use my professional judgment to determine if it's in your best interest to disclose your PHI. If so, I will limit the disclosure to the PHI that is directly relevant to the person's involvement with your health care.
- **Disclosure in case of disaster relief:** I may disclose your name, city of residence, age, gender and general condition to a public or private disaster relief organization to assist disaster relief efforts, unless you object at the time.
- **Disclosure to parents as personal representatives of minors:** In some cases, I may disclose some of your minor child's PHI to you. In some situations, however, I am permitted or even required by law to deny your access to your minor child's PHI. Examples of when I must deny such access include certain situations involving family planning services, sexually transmitted diseases, HIV, ARC or AIDS and alcohol or substance abuse. Another situation when I must deny access to parents is when minors have adult rights to make their own health care decisions. These minors might include, for example, minors who were or are married or who have a declaration of emancipation from a court.
- **Organ donation:** I may use or disclose PHI to organ-procurement organizations to assist with organ, eye or other tissue donations.
- **Public health activities:** Public health activities cover many functions performed or authorized by government agencies to promote and protect the public's health and may

require me to disclose your PHI. For example, I may use and disclose your PHI as necessary to comply with federal and state laws that govern workplace safety.

- **Health oversight:** As a mental health provider, I am subject to oversight conducted by federal and state agencies. These agencies may conduct audits of my operations and activities and in that process, may review your PHI.
- **Disclosures to your employer or your employee organization:** By law, I may share certain PHI with your employer without your authorization. For example, I may disclose your PHI for a workers' compensation claim. My personal practice would be to discuss any circumstances in which I needed to share PHI with your employer with you in advance.
- **Workers' compensation:** In order to comply with workers' compensation laws, I may use and disclose your PHI. For example, I may communicate your information regarding a work-related injury or illness to claims administrators, insurance carriers and others responsible for evaluating your claim for workers' compensation benefits.
- **Military activity and national security:** I may sometimes use or disclose the PHI of armed forces personnel to the applicable military authorities when they believe it is necessary to properly carry out military missions. I may also disclose your PHI to authorized federal officials as necessary for national security and intelligence activities or for protection of the President and other government officials and dignitaries.
- **Required by law:** In some circumstances federal or state law requires that we disclose your PHI to others. For example, the secretary of the Department of Health and Human Services may review my compliance efforts, which may include seeing your PHI.
- **Lawsuits and other legal disputes:** I may use and disclose PHI in responding to a court or administrative order, a subpoena, or a discovery request. I may also use and disclose PHI to the extent permitted by law without your authorization, for example, to defend a lawsuit or arbitration.
- **Law enforcement:** I may disclose PHI to authorized officials for law enforcement purposes, for example, to respond to a search warrant, report a crime on my premises, or help identify or locate someone.
- **Serious threat to health or safety:** I may use and disclose your PHI if I believe it is necessary to avoid a serious threat to your, or to someone else's health or safety.
- **Abuse or neglect:** By law, I may disclose PHI to the appropriate authority to report suspected child abuse or neglect or to identify suspected victims of abuse, neglect or domestic violence.
- **Coroners and funeral directors:** I may disclose PHI to a coroner or medical examiner to permit identification of a body, determine cause of death or for other official duties. I may also disclose PHI to funeral directors.
- **Inmates:** Under the federal law that requires me to give you this Notice, inmates do not have the same rights to control their PHI as other individuals. If you are an inmate of a correctional institution or in the custody of a law enforcement official, I may disclose your

PHI to the correctional institution or the law enforcement official for certain purposes, for example, to protect your or someone else's health or safety.

**V. All other uses and disclosures of your PHI require your prior written authorization**  
Except for those uses and disclosures described above, I will not use or disclose your PHI without your written authorization. When your authorization is required and you authorize me to use or disclose your PHI for some purpose, you may revoke that authorization by notifying me in writing at any time. Please note that the revocation will not apply to any authorized use or disclosure of you PHI that took place before I received you revocation.

**VI. How to contact me about this Notice or to complain about our privacy practices**  
If you have any questions about this notice, or want to lodge a complaint about my privacy practices, please let me know by writing to me at:

**Michelle Wedig, Ph.D.**  
**1800 112<sup>th</sup> Ave. NE, Suite 322E**  
**Bellevue, WA 98004**

You may also notify the secretary of the Department of Health and Human Services. I will not take retaliatory action against you if you file a complaint about my privacy practices.

**VII. Changes to this Notice**  
I may choose to change this Notice and my privacy practices at any time, as long as the change is consistent with state and federal law. Any revised notice will apply both to the PHI I already have about you at the time of the change, and any PHI created or received after the change takes effect. If I make an important change to my privacy practices, I will promptly change this Notice and provide the new Notice to you via the U.S. Postal Service addressed to your last known address on file with me. Except for changes required by law, I will not implement an important change to my privacy practices before I revise this Notice.

**VIII. Effective date of this Notice**  
This Notice is effective on May 1, 2016.

**NOTICE OF PRIVACY PRACTICES**  
**OF**  
**Michelle M. Wedig, Ph.D.**

As your treatment provider, I must collect timely and accurate health information about you, so that I can accurately diagnose your condition and provide the care you need. It is my legal duty to protect your health information from unauthorized use or disclosure while providing health care, obtaining payment for that health care, and for other services relating to your health care.

The purpose of this *Notice of Privacy Practices* is to inform you about how your health information may be used while you receive treatment from Michelle Wedig, Ph.D.

This *Notice* describes your rights in regards to the protection of your health information and how you may exercise those rights. This *Notice* also gives you the names of contacts should you have questions or comments about the policies and procedures I use to protect the privacy of your health information.

Please review this document carefully and ask for clarification if you do not understand any portion of it.

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**Client Acknowledgement**

I have received Michelle M. Wedig, Ph.D.'s *Notice of Privacy Practices*, which describes this agency's methods for protecting the privacy of my health information that is used in providing health care services to me.

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Client (or Personal Representative) \_\_\_\_\_ / \_\_\_\_\_ Date