

Carol Breeding Arvin, M.A., L.M.H.C.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully.

I respect your privacy and I understand that your personal health information is very sensitive. I will not disclose your information to others unless you authorize me to do so, in writing, or unless the law requires me to do so.

The law protects the privacy of the health information I obtain and create while providing your mental health treatment. Your protected health information includes symptoms, diagnoses, treatment, health information from other providers, and billing and payment information related to those services. Federal and state law allows me to use and disclose your protected health information for purposes of treatment and health care operations. State law requires your authorization to disclose information for payment purposes.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Care Operations

For treatment:

- Information provided by your health care team will be recorded in your medical record and used to help decide what care may be right for you.
- I may provide information to your primary care physician to ensure continuity of care (with your permission).

For payment:

- To request payment under your health insurance plan, I may be required to provide information including diagnosis and a treatment plan with goals, objectives and interventions used.

For health care operations:

- I may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- I may use and disclose your information to conduct or arrange for services, including:
 - medical quality review by your insurance health plan;
 - accounting, legal, risk management, and insurance services;
 - audit functions, including fraud and abuse detection and compliance programs.

Your Health Information Rights

The mental health chart and billing records I create and store are the property of my office. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read and ask questions about this Notice;
- Ask me to restrict certain uses and disclosures. You must deliver this request in writing to me. I am not required to grant the request but I will comply with any request granted.
- Request and receive from me a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”);
- Request, in writing, that you be allowed to see and get a copy of your protected health information.
- Have me review a denial of access to your health information—except in certain circumstances;
- Ask me to add to your health information. You may request this in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, I will give you a list of disclosures of your health information. The list will not include disclosures to third party payors. You may receive this information without charge once every 12 months. I will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means at another location. Please sign, date and give me your request in writing.
- Cancel prior authorizations to use or disclose health information by giving me a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before I have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

My Responsibilities

I will keep your protected health information private, provide you with this Notice, and follow the terms of this notice. If I change my practices regarding the protected health information I maintain, I will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting my website to download a copy.

To Ask for Help or Complain

If you have questions or want to report a problem about the handling of your protected health information, call me: Carol Breeding Arvin, M.A., L.M.H.C. at 360-920-9450 or write to 203 W Holly St., Suite 324, Bellingham, WA 98225.

If you believe your privacy rights have been violated, you may discuss concerns with me or provide me with a written complaint. You may also file a complaint with the U.S. Secretary of Health and Human Services.

Other Disclosures and Uses of Protected Health Information

Your authorization is not required for the following purposes:

- To Comply with Worker’s Compensation Laws if you may a worker’s compensation claim.
- For Public Health and Safety Purposes as Allowed or Required by Law to prevent a serious, immediate threat to the health or safety of a person.
- To Report Suspected Abuse or Neglect to public authorities.
- For Law Enforcement Purposes such as when I receive a subpoena, court order, or other legal process, or if you are the victim of a crime.
- In the Course of Judicial/Administrative Proceedings at your request, or as directed by a subpoena or court order.
- Any other uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

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