



## Melinda Stone Counseling

### OFFICE

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### NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

I understand that your personal health information is very sensitive. I will not disclose your information to others unless you tell me to do so, or unless the law authorizes or requires me to do so.

The law protects the privacy of the health information I create and obtain in providing care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows me to use and disclose your protected health information for purposes of treatment and health care operations

Protected Health Information (PHI): Protected health information means individually identifiable health information and includes past, present, and future physical or mental conditions; relates to past, present, or future care that I provide; and relates to past, present or future payments by your insurer which is: transmitted by electronic means, maintained in any means described in the definition of electronic media; or transmitted or maintained in any other form or medium.

Examples of use and disclosures of Protected Health Information for Treatment, Payment, and Health Operations are:

#### Treatment:

- Information obtained by a nurse, physician, clinical psychologist, social worker, therapist, or other member of the treatment team will be recorded in your medical record and used to help decide what care may be right for you.
- I may also provide information to others providing your care. This will help them stay informed about your care.

#### Payment:

- Health plans and third party payers need information from me in order to pay for your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

#### Health care operations:

- I may use your medical records to assess quality and improve services.
- 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 and arrange for services, including:
  - medical review by your health plan;
  - accounting, legal, risk management, and insurance services;
- audit functions, including fraud and abuse detection and compliance programs.

#### Your Health Information Rights

The health and billing records created and stored are the property of Melinda Stone, MA, LMHC PLLC. You have a right, which may be restricted only in certain limited circumstances, to inspect and copy your PHI, which I maintain. There may charge a reasonable cost-based fee for copies. As to your PHI used or maintained in electronic form and format, you may request copies to which you are otherwise entitled in that electronic form and format if it is readily producible, but if not, then in any readable form and format as we may agree. Your request for copies may also include the direction to transmit those copies to a third party. You have a right to:



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- 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 that 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 that you be allowed to see and get a copy of your protected health information. You may make this request in writing. I have a form available for this type of request.
- Have me review a denial of access to your health information—except in certain circumstances.
- If you believe the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. You may give me this request 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 3rd party payers. 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 every twelve months.
- As your PHI may be given to you by another means or at another location, please sign, date, and give me your request in writing.
- You may cancel prior authorizations to use or disclose health information by giving me a written revocation. Your revocation does not effect information that has already been released. It also does not effect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

### My Responsibilities

I am required to:

- Keep your protected health information private.
- Give you this Notice.
- Follow the terms of this Notice.

I have the right to change my practices regarding the protected health information I maintain. If I make changes, I will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it.

### To Ask for Help or to Make a Complaint

If you have questions, want more information, or want to report a problem about the handling of your protected health information, contact our privacy officer, Melinda Stone, MA, by writing her at 2319 N. 45th St., Suite 103, Seattle, WA 98103.

You may also file a complaint with the U.S. Secretary of Health and Human Services. Region X, Office of Civil Rights

U.S. Department of Health and Human Services

2201 6th Avenue, Suite 900

Seattle, WA 98121-1831

(206) 615-2297 or TDD (206) 615-2296 [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

I respect your right to file a complaint with me or to the Secretary of HHS, and I will not retaliate against you.

### Uses and Disclosures Requiring Your Opportunity to Agree or Object

Directory Information. I may provide directory information, unless I have given you the opportunity to agree or object, and you have objected.

Prior Providers. I may disclose your PHI to your prior health care providers, unless I have given you the opportunity to agree or object, and you have objected in writing.

Close Personal Relationships. In accordance with good professional practice, I may disclose your PHI to such person(s) involved with your care, unless I have given you the opportunity to agree or



## Melinda Stone Counseling

object, and you have objected, except when you are not present, or in situations of incapacity or emergency disclosure, where in my clinical judgment disclosures would be in your best interest.

3

### Disaster Relief Purposes

In accordance with good professional practice, I may disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, which are directly relevant to your care.

**Other Uses and Disclosures That Do Not Require Your Authorization or Opportunity to Object Required by Law.** I may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports, abuse and neglect reports, law enforcement reports, and reports to coroners and medical examiners in connection with investigation of deaths. I also must make disclosure to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule. **Health Oversight.** I may disclose your PHI to a health oversight agency for activities authorized by law, such as my professional licensure. Oversight agencies also include government agencies and organizations that audit their provision of financial assistance to me (such as third-party payers). **Threat to Health or Safety.** I may disclose your PHI when necessary to minimize an imminent danger to the health or safety of you or any other individual.

**Business Associates.** I may disclose your PHI to the extent minimally necessary to Business Associates that are contracted by me to perform health care operations or payment activities on my behalf, which may involve their collection, use or disclosure of your PHI. To safeguard the privacy of your PHI, such contracts are regulated by the Department of Health and Human Services and must contain provisions designed to limit the use and re-disclosure of your PHI, to require compliance by the Business Associate with your individual rights, to subject the Business Associate to specified security obligations, and to require the Business Associate require such obligations on subcontractors.

**Compulsory Process.** I will disclose your PHI if a court issues an appropriate order. I will also disclose your PHI if: (1) you and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, identifying the PHI sought, and the date by which a protective order must be obtained to avoid my compliance, (2) no qualified judicial or administrative protective order has been obtained, (3) I have received satisfactory assurances that you received notice of an opportunity to have limited or quashed the discovery demand, and (4) such time has elapsed.

4

### Uses and Disclosures of PHI with Your Written Authorization

I will make other uses and disclosures of your PHI only with your written authorization. An example is research involving you. You may revoke this authorization in writing at any time, unless I have taken a substantial action in reliance on the authorization such as providing you with health care services for which I must submit subsequent claim(s) for payment.

### This Notice

This Notice of Privacy Practices informs you how I may use and disclose your Protected Health Information (PHI) and your rights regarding your PHI. I am required by law to maintain the privacy of your PHI and to provide you with notice of my legal duties and privacy practices with respect to your PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will make available a revised Notice of Privacy Practices by providing you a copy upon your request or providing a copy to you at your next appointment.

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