Annual Notice of Privacy Practices and Client Rights to Privacy

Our office is dedicated to protecting the privacy rights of our clients and the confidential information entrusted to us. The commitment of each employee to ensure client health information is never compromised is a principal concept of our practice. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that may affect your rights.

Uses and Disclosures of Protected Health Information

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act ("HIPAA") and the State of Washington. This includes issues relating to your treatment, payment, and our medical care operations. Our Snoqualmie Behavioral Health Services Programs and electronics systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality or your records is protected. Our privacy policy and practices apply to all former, current, and future clients, so you can be confident that your protected health information will never be improperly disclosed or released.

Collecting Protected Health Information

We will only request personal information needed to provide our standard of quality medical care, implement payment activities, conduct normal medical practice operations, and comply with the law. This may include your name, address, contact information, social security number, employment data, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will be protected to the fullest extent of the law.

Disclosure of Your Personal Health Information

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and governmental officials under certain circumstances, including: pursuant to a court order; to various health departments and other health statistical gathering centers (certain medical conditions); to qualified organizations which provide health services to American Indians and Alaska Natives for the purpose of planning for or providing such services; to conduct research and evaluation studies; to state agencies as required by law; and to third parties responsible for the payment of medical expenses incurred by the client while being treated. You may also give written authorization for us to disclose your information to anyone you choose, for any purpose. Unless you object, we may disclose your protected health information to notify or assist in notifying a family, personal representative, or other person responsible for your health care about your location and about your general condition, about your death, and about your appointments. These notifications may take the form of voicemail messages, answering machine messages, and postcards.

Client Rights to Privacy

You have the right to request copies of healthcare information, to request copies in a variety of formats, and to request a list of instances in which we, or our business associates, have disclosed your protected health information for uses other than stated above. All such requests must be in writing. We may charge you for your copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S. Department of Health and Human Services. We thank you for being a client at our offices. Please let us know if you have questions concerning your privacy rights and the protection of your personal health information.