

Restoration Counseling Services

Dan Pippinger Lic.# LF00002544

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Kate Pippinger, MFT Intern

HIPAA Notice of Privacy Practices

The Health Insurance Portability and Accountability act of 1996 (HIPAA) requires that I notify you that I am required by law to maintain the privacy of your protected health information. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice is required to describe to you:

How your protected health information is used and disclosed.

My legal duties with respect to your private health information.

Your rights with respect to your private health information, how you may exercise those rights, who to contact and how to complain to Restoration Counseling Services regarding those rights.

1. The private health information to be used or disclosed includes all data that has been gathered regarding your past, present, or future health (including your mental health) or condition, your therapist's records of your counseling sessions, communication with other individuals or entities regarding your health care, and a record of payment for services.

A. Uses and disclosures of your private health information:

Your private health information is used for your treatment. Your record will not be disclosed to others unless you direct your therapist to do so or the law otherwise compels your therapist to do so. For children under the age of 13 a legal guardian must consent to disclosure of the child's private health information.

B. Uses and disclosures of your private health information that does not require written consent:

I am required to report to appropriate authorities; incidents of abuse, neglect, abandonment or financial exploitation of a minor or a vulnerable adult.

If you threaten to harm another person, I have a duty to break confidentiality to warn that person and the appropriate authorities.

If you are suicidal or in danger of hurting yourself, I am ethically obligated to break confidentiality to notify appropriate authorities in order to protect your safety.

In the event that you bring charges against me that involve my license, I have the right to disclose your private health information in my defense.

In certain legal procedures I may be required to disclose your private health information by order of a court or administrative agency order (i.e. department of health), and in some cases in response to a subpoena, discovery request or other lawful process.

In the case that a disclosure to the parents of a minor child (under 18) will avoid or minimize the imminent danger to the minor's health or safety.

In the case that another health care professional that I can reasonably believe is or has been involved in your health care needs to know your information.

In cases which I participate in peer review or other services intended to assist or improve the delivery of your health care. In these cases, your name will be kept confidential and your information may only be used by the associated professionals for such purposes and must be protected by the associated professionals.

For the purpose of obtaining payment for services, such as billing insurance services or mailing an invoice to you.

If a disclosure is otherwise specifically required by law.

2. My legal duties with respect to your private health information.

I am required to maintain the privacy of your protected health information and to provide you with notice of my legal duties and privacy practices with respect to private health information.

I am required to abide by the terms of this notice

I am required to notify and provide for you a new notice of privacy should I change any of my privacy practices or policies. Revised policies are in effect for all protected client information, whether or not you are still in treatment with me.

I am required to provide to you this notice by paper copy or via e-mail to an address that you request. This policy is also posted on my website in the forms section and titled HIPAA compliance form.

3. Your rights with respect to your private health information.

You have the right to request in writing that I restrict the use and disclosure of your protected health information for treatment, payment, and health care operations. I am not required to agree to your request, but I am bound by any agreements I do make with you in this regard.

Under Washington state law you have the right to request that I not keep notes of our sessions. If I agree to this request I am required to keep record of your name, fee arrangement and payment record, dates that counseling was received, disclosure statement signed by counselor and client, and the written request that no records be kept.

You may request in writing the option to review or copy all or part of your record. Under certain circumstances I have the right to deny your request. The cost to review your record is at my normal hourly rate. Administrative and copying fees can also be applied to requests for records according to the limitations of Washington State law.

You have the right to a list of disclosures of your private health information.

You have the right to correct or amend your record for purposes of accuracy or completeness. You have the right to complain if you believe your privacy rights have been violated.

Complaints can be sent to myself in written form or to the Secretary of the Department of Health and Human Services at 200 Independent Avenue S.W. Washington, D.C 20201. If you file a complaint you will not be retaliated against. Should you require further information, you may contact Dan Pippinger at (360) 779-7921, Rebekah Deitrich, (360) 434-0344, Judy Hessler, (360) 994-8512, or Kate Pippinger, (360) 908-3894.

Effective date of this notice.

July 15, 2012

I acknowledge that I have received a copy of the Notice of Privacy practices for Dan Pippinger, Rebekah Deitrich, Judy Hessler, Kate Pippinger and Restoration Counseling Services.

Client Signature

Date

Client Signature

Date

Client Signature

Date

Client Signature

Date

Client Signature

Date

Therapist Signature

Date