

Notice of Privacy Practices for Elizabeth J. Franklin, MS, LMFT
1/11/2017

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.

I have a legal responsibility under the laws of the United States and the state of Washington to keep your health information private. Part of my responsibility is to give you this notice about my privacy practices. Another part of my responsibility is to follow the practices in this notice.

This notice takes effect on 1/11/17 and will be in effect until I replace it. I have the right to change any of these privacy practices as long as those changes are permitted or required by law.

Any changes in my privacy practices will affect how I protect the privacy of your health information. This includes health information I will receive about you or that I create in my psychotherapy practice. These changes could also affect how I protect the privacy of any of your health information I had before the changes.

When I make any of these changes, I will also change this notice and give you a copy of the new notice. When you are finished reading this notice, you may request a copy of it at no charge to you. If you request a copy of this notice at any time in the future, I will give you a copy at no charge to you.

If you have any questions or concerns about the material in this document, please ask me for assistance that I will provide at no charge to you.

Here are some examples of how I use and disclose information about your health information.

Section I: Permissible uses and disclosures without your written authorization.

I may use or disclose your health information without your written authorization, excluding Psychotherapy Notes as described in Section II, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. To your physician or other healthcare provider who is also treating you.

2. To any person required by federal, state or local laws to have lawful access to your treatment program.

3. To receive payment from a third party payer for services I provide for you.

4. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, we will give you an opportunity to object. If you object, or are not present, or are incapable of responding, I may use my professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at that time. In so doing, I will only use or disclose the aspects your health information that are necessary to respond to the emergency.
5. When required or permitted to do so by law. For example, to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access your health information; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.
6. I will not use your health information in any of my marketing, development, public relations or related activities without your written authorization. I cannot use or disclose your health information in any ways other than those described in this notice unless you give us written permission.

Section II: Disclosures Allowed with Written Permission.

I may use or disclose your health information to anyone you give me written authorization to have your health information, for any reason you want. You may revoke this authorization in writing anytime you want. When you revoke an authorization it will only effect your health information from that point on.

Psychotherapy Notes: Notes recorded by me documenting the contents of a counseling session with you ("Psychotherapy Notes") are not part of your health information. They will be used only by me and will not otherwise be used or disclosed without your written authorization. These are notes that are not kept with your official file but used only by me.

As a client of Elizabeth Franklin, MS, LMFT, you have these important rights:

1. With limited exceptions, you can make a written request to inspect your health information that is maintained by me.
2. You can ask me for photocopies of your health record.

3. You will be charged a fee for making these photocopies, based on the total number of pages. For more information about the current price per page, contact me.
4. You have a right to a copy of this notice at no charge.
5. You can make a written request to have me communicate with you about your health information by alternative means, at an alternative location. (An example would be if your primary language is not spoken by me, and I am treating a child of whom you have lawful custody.) Your written request must specify the alternative means and location.
6. You can make a written request that I place other restrictions on the ways I use or disclose your health information. I may deny any or all of your requested restrictions. If I agree to these restrictions, I will abide by them in all situations except those which, in my professional judgment, constitute an emergency.
7. You can make a written request that I amend the information in your health record.
8. If I approve your written amendment, I will change my records accordingly. I will also notify anyone else who may have received this information, and anyone else of your choosing.
9. If I deny your amendment, you can place a written statement in my records disagreeing with my denial of your request.
10. You may make a written request that I provide you with a list of those occasions where I or my business associates disclosed your health information for purposes other than treatment, payment or my business operations. This can go back as far as six years, but not before January 11, 2017 when my business became HIPAA compliant.
11. If you request the accounting of disclosures more than once in a 12 month period, I may charge you a fee based on actual costs of tabulating these disclosures.
12. If you believe I have violated any of your privacy rights, or you disagree with a decision I have made about any of your rights in this notice, you may complain in writing to the

following person:

HIPAA Security Officer

Name: Elizabeth Franklin

Address: 9725 3rd Avenue NE, Suite 202, Seattle, WA 98115

Telephone: 206.551.2547

13. You may also submit a written complaint to the United States Department of Health and Human Services. I will provide you with that address upon written request.

Terms Important in Understanding the HIPAA Privacy Rule

Health Information: Any information, whether oral or recorded in any form, created or used by health care professionals or health care entities.

Individually Identifiable Health Information: A subset of Health Information that either identifies the individual or that can be used to identify the individual.

Protected Health Information (PHI): Individually Identifiable Health Information becomes Protected Health Information when it is transmitted or maintained in any form or medium. More specifically, PHI is information that relates to the past, present or future physical or mental health condition of an individual; or the past, present or future payment for the provision of health care to individual; and that identifies the individual or could reasonably be used to identify the individual.

Psychotherapy Notes: Notes recorded in any medium by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or group, joint or family counseling session, and that are separated from the rest of the individual's medical record.

Use and Disclosure: The privacy rule defines "use" as the sharing, employment, application, utilization, examination or analysis of individually identifiable health information within an entity that maintains such information.

The privacy rule defines a "disclosure" as the release, transfer, provision or access to, or divulging in any other manner of information outside the entity holding the information.

The definition of the privacy rule specifically excludes information pertaining to medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests and any summary of the following: diagnosis, functional status, the treatment plan, symptoms, prognosis and process to date.