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Notice of Privacy Practice

I (Lynette Pang) am required by law to abide by the terms of this document, though I am also legally allowed to change the terms, and to make the provisions of any modified version effective for all private healthcare information in my care. You may request that a copy of a modified version be given or sent to you, or you may access a current electronic version on my website at: www.phase3counseling.com

You have the right to refuse and/or end treatment at any time.

You have the right to confidentiality, including the fact that you are or have been a therapy client, except as explained below. Despite numerous legal exceptions to confidentiality that have been enacted both on the federal and state level in the past few years, it is my policy and practice to keep confidential all information that you discuss with me, and to not reveal it to any other person or agency without your permission. Should there be an instance where I ask you to provide me with written permission to reveal something about you or our work together to someone else, you have the right to revoke this permission. The only exceptions to this policy are:

- **TREATMENT:** I may use health information about you to provide you with medical treatment or services. For example, we may use your PHI to schedule an appointment for you with a psychiatrist. People who work for my practice – including office staff or other personnel– may use or disclose your PHI in order to treat you, or to assist consulting doctors, therapists, or others in your treatment. I may also disclose your PHI to family members who assist in your care, such as your spouse, children or parents, if I feel it is necessarily for your treatment. I may contact you at any home, work or other phone number at which you have agreed in writing to be notified; by regular mail; or by email if you have signed an email communication agreement, in connection with treatment.
- **PAYMENT:** I may use and disclose your PHI to bill and collect payment for the services and items you receive from me. I may contact your health insurer to verify that you are eligible for benefits. I may provide your insurer with details regarding your treatment to determine if the insurer will pay for your treatment. I also may use and disclose your PHI to obtain payment from third parties, including family members, that may be responsible for such costs. I may also use your PHI to bill you directly for services and items.
- **HEALTH CARE OPERATIONS:** My practice may use and disclose your PHI to operate my business. For example, I may use your PHI to evaluate the quality of care we provided to you, for peer review, or for cost-management and business planning activities related to my practice.

Please notify me if you do not wish to be contacted for appointment reminders, treatment alternatives or health-related products and services. If you advise me in writing at the address listed at the top of this Notice, that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

- **APPOINTMENT REMINDERS:** My practice may use and disclose PHI in contacting you by phone, email or mail at any phone number or address we have on file to remind you of an appointment.
- **TREATMENT OPTIONS:** My practice may use and disclose PHI to inform you of potential treatment options or alternatives.
- **HEALTH-RELATED PRODUCTS AND SERVICES:** My practice may use and disclose PHI to inform you of health-related products or services that may be of interest to you.
- **RELEASE OF INFORMATION TO FAMILY AND FRIENDS:** My practice may release your PHI to a friend or family member if we obtain your verbal or written agreement, or if you do not object to such a disclosure when given the opportunity. I may disclose health information to family or friends if I conclude in my professional judgment, under the circumstances, that you would not object. For instance, I may assume you agree to our disclosure of PHI if you bring your spouse or friend into the therapy room with you when treatment is provided or discussed. As another example, a parent or guardian may ask that a babysitter take their child to a session. In this example, the babysitter may have access to this child's medical information. If you cannot give consent due to a medical emergency, physical or mental incapacity, or your absence, I may determine, in my professional judgment, that disclosure to your family member or friend is in your best interest. In that case, I will disclose only health information relevant to the person's involvement in your care.

The following categories describe unique scenarios in which I may use or disclose your identifiable health information:

- **DISCLOSURES REQUIRED BY LAW:** My practice will use and disclose your PHI when I am required to do so by federal, state or local law. As required by law, the practice discloses PHI to public health officials. As required by law, my practice discloses PHI to the proper authorities regarding victims of abuse, neglect, or domestic violence about any minor, disabled adult, nursing home resident, or person over 60 years of age whom the practice reasonably believes to be a victim of abuse or neglect. This includes child abuse and neglect, elder abuse and exploitation, abused and neglected nursing home residents, or abuse of a disabled adult. If not required by law, this information is disclosed only if the individual agrees to the disclosure. My practice informs the individual of such reporting unless: a) my practice, in its professional judgment, believes informing the individual would place him or her at risk of serious harm, or b) my practice would be informing the individual's personal representative who is believed by the practice to be responsible for abuse, neglect or other injury, and my practice believes in its professional judgment that informing this personal representative would not be in the patient's best interests.
- **HEALTH OVERSIGHT ACTIVITIES:** My practice may disclose your PHI to a health oversight agency for activities authorized by law. This information may be used and released for audits, investigations, licensure issues, and other health oversight activities which may include but are not limited to hospital peer review, managed care peer review, or Medicaid or Medicare peer review; other civil, administrative, and criminal procedures or actions; and other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- **JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** My practice may use and disclose your PHI for judicial and administrative proceedings in response to a court or administrative order. Disclosure will be limited to PHI expressly authorized by the order. I also may disclose your PHI in response to a

discovery request, subpoena, or other lawful process not accompanied by a court or administrative order, but only if we are satisfied that a reasonable effort has been made by the requestor either a) to inform you of the request and allow you to raise objections, or b) to obtain a qualified protective order from a court or administrative tribunal.

- **LAW ENFORCEMENT:** I may disclose PHI for law enforcement purposes to law enforcement officials. The information sought must be relevant and material, the request must be specific and limited to amount reasonably necessary, and it is not possible to use de-identified information.
 1. My practice releases limited PHI to identify or locate a suspect, fugitive, material witness or missing person only as approved by a person authorized to act on behalf of the individual.
 2. My practice discloses limited PHI about a suspected victim of a crime if the individual agrees to disclosure;
 3. My practice discloses PHI about a deceased individual if the practice suspects that death resulted from criminal conduct and such disclosure is approved by persons authorized to act on behalf of the deceased individual.
 4. My practice discloses PHI that the practice judges to constitute evidence of criminal conduct that occurred on covered entity's premises.
 5. My practice discloses PHI relating to emergency health care as required or permitted by law, such as test results of those involved in automobile accidents.
 6. My practice may disclose PHI when the practice has reasonable cause to believe the patient's ability to safely drive may be impaired.
- **OTHER'S PHYSICAL PRESENCE:** If you are being seen with another person present, I can make a request that each person respect the other's rights to privacy, but I cannot guarantee this request will be honored.
- **CONSULTATION GROUP:** As an ongoing part of my clinical development, and in pursuit of providing you with the best care, I consult regularly with a formal consultation group. Should I discuss my work with you with my consultant (or any other clinician), I will only relate the content of our work together. You will not be named, nor will I share any other details of your life that might identify you. If you have any concerns or questions about this, please let me know.
- **RECORDS:** I do keep a record of dates of service, fees charged and paid, as well as notes to assist me in my work. I make a good effort to be cautious in creating such notes due to their potential vulnerability to legal intrusion, and I observe security precautions to protect your confidentiality. You have the right to submit a written request a copy of your record if you desire. You also have the right to ask me to correct the record if you believe the information is in error. A copy of your corrections to my record will be placed within your record at your request.

I acknowledge I have received a copy of this Notice of Privacy Practice statement.

Client signature

Date