

HIPAA Notice of Privacy Practices:

Be Well, Washington, PLLC

2310 A Street

Tacoma, WA 98402

253-200-5228

Catherine@BeWellWashington.org

NOTICE OF PRIVACY PRACTICES FOR

Catherine Mulhall, MSW, LICSW:

Notice:

I keep a record of the health care services I provide you. You may ask me to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. You may see your record or get more information about it at 2310 A St., Tacoma, WA 98402.

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully. (The top section is a brief overview. Each section below has a more detailed explanation; please read it carefully and inquire about any questions or concerns you may have.)

Your Rights:

You have the right to:

- Get a copy of your electronic medical record
- Correct your electronic medical record
- Request confidential communication (All of our communication will be confidential unless it falls into one of the special circumstances detailed below.)
- Ask me to limit the information I share (As my standard practice, I limit the disclosure of information unless given a Release Of Information (ROI) and/or the situation meets the criteria for one of the special circumstances detailed below.)
- Get a list of those with whom I've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices:

You have choices about the sharing of your information regarding:

- Telling family and friends about your condition (I only disclose PHI to designated family/friends with your consent unless mandated to do so if you or another person are at risk of imminent harm.)
- Providing disaster relief
- Including you in a hospital directory
- Providing mental health care
- Marketing my services and selling your information (I DO NOT USE PHI IN ANY MARKETING, NOR DO I SELL ANY CLIENT INFORMATION.)

- Raising funds

Our Uses and Disclosures:

I may use and share your information as I:

- Treat you
- Run my practice/organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government

requests

- Respond to lawsuits and legal actions

Your Rights:

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic copy of your medical record

- You can ask to see or obtain an electronic copy of your medical record and other health information I have about you. It is always available to you through the Simple Practice portal. Please ask questions if you need any assistance accessing your record.

Ask us to correct your medical record:

- You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.

- I may say “no” to your request, but I will tell you why in writing via the Simple Practice portal (or through my HIPAA compliant, secure, BAA protected email) within 60 days.

Request confidential communications:

- You can ask me to contact you in a specific way (for example, home or office phone or email).

- I will say “yes” to all reasonable requests.

Ask me to limit what I use or share:

- You can ask me not to use or share certain health information for treatment, payment, or my practice operations. I am not required to agree to your request, and I may say “no” if it may affect your care.

- If you pay for a healthcare service out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my practice operations with your health insurer. I will say “yes” unless a law requires me to share that information.

Get a list of those with whom I've shared information:

- You can ask for a list (accounting) of the times I've shared your health information for six years prior to the date you ask, with whom I have shared it, and why.

- I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I will provide one

accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice:

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy at your request.

Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information IF you are deemed unable to do so for yourself.
- I will make sure the person has this authority and can act for you before I take any action.

File a complaint if you feel your rights are violated:

- You can complain if you feel I have violated your rights by contacting me using the information at the end of this document.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to

200 Independence Avenue, S.W.

Washington, D.C. 20201

calling 1-877-696-6775,

or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

- I will not retaliate against you for filing a complaint.

Your Choices:

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions if I am able to do so within the parameters indicated above.

In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety of yourself or someone else.

HIPAA allows me to release your information for the following purposes with your written permission:

- Marketing purposes
- Sale of your information
- Fundraising

Our Uses and Disclosures:

How do I typically use or share your health information?

I typically use or share your health information in the following ways.

Treat you

I can use your health information and share it with other professionals who are treating you. (Example: A doctor treating you for an injury asks another doctor about your overall health condition.)

Run my practice/organization

I can use and share your health information to run my practice, improve your care, and contact you when necessary. (Example: I use health information about you to manage your treatment and services.)

Bill for your services

I can use and share your health information to bill and get payment from health plans or other entities. (Example: I give information to you about your healthcare in the form of a “superbill,” which you can submit to your insurance plan to request payment for your services.)

How else can I use or share your health information?

I am allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

I can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

I can use or share your information for health research.

Comply with the law

I will share information about you if state or federal laws require it, including with the

Department of Health and Human Services if it wants to see that I'm complying with federal privacy law.

Work with a medical examiner or funeral director

I can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

I can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

I can share health information about you in response to a court or administrative order, or in response to a subpoena.

My Responsibilities:

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notic pepp.html.

Changes to the Terms of this Notice:

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request in my office and through the Simple Practice portal.

Effective Date:

This notice is effective as of October 16, 2023.

Contact Information:

I act as my own Privacy and Security Officer. If you have questions or concerns about our privacy practices, please contact Catherine Mulhall, MSW, directly at (253) 200- 5228 or catherine@bewellwashington.org.