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Notice of Privacy Practices

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 duty to safeguard your Protected Health Information (PHI).

I am legally required to protect the privacy of your health information. PHI means any information that you have given me about you and your health, as well as information I have gathered during your treatment. It is information that can be used to identify your past, present or future health or medical condition, the provision of health care to you, or the payment for this health care. I am required to maintain the confidentiality of your PHI and I take careful precautions to ensure your PHI is protected from improper use or disclosure. I am required to provide you with this notice about my privacy practices that explains how, when, and why I use and disclose your PHI. With some exceptions I may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. I am legally required to follow the privacy practices that are described in this notice. I will follow this Notice of Privacy Practices and any future changes to this Notice that I am required by law to make. I have the right to change this Notice and to make the revised or changed Notice effective for health information I already have about you as well as any information I receive in the future. I will have a copy if the current Notice available. You may request a copy from me at any time.

How I may use and disclose your protected health information: I may use and disclose your PHI without your prior written permission. Following are the categories of my uses and disclosures. They describe the ways I use and disclose your PHI for treatment, payment and operations. Not every use or disclosure will be noted and there may be incidental disclosures that are a result of the listed uses and disclosures. In all cases I will use the least amount of PHI necessary to accomplish the task.

For treatment: This is the most important and most common use and disclosure of your PHI. I will use and disclose your PHI to diagnose, evaluate, coordinate and manage your health care. I may also disclose your PHI to another health care provider such as your primary care physician.

For payment: I may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, I may provide portions of your PHI to your health plan to obtain payment for the services I provide to you.

For operations: I may disclose your PHI in order to operate this business. For example contacting you to make an appointment with you or to remind you of an appointment.

For serious threats to health or safety: I may disclose your PHI if I believe it is necessary to avoid a serious threat to your health or safety or to the health and safety of the public or another person.

For abuse and neglect: I may disclose your PHI to the appropriate authorities to report suspected abuse or neglect of a child, older adult, or other protected person, or to identify suspected victims of abuse, neglect or domestic violence.

To business associates: I may contract with business associates to perform certain functions or activities on my behalf. For example: an answering service when I am out of the office, other counselors covering in my absence, payment collection and accounting services. In all cases the business associates must agree to safeguard your PHI.

For health oversight: As a health care provider I am subject to oversight conducted by federal and state agencies. In the course of their operations these agencies may conduct audits of my operations and activities and, in that process, they may review your PHI.

As required by law: In some circumstances federal, state or military law requires that I disclose your PHI.

For lawsuits and other legal disputes: I may use and disclose your PHI if responding to a court or administrative order, subpoena or discovery request. I may also use and disclose your PHI to the extent permitted by law without your authorization to defend a lawsuit or arbitration.

For law enforcement: I may disclose PHI to authorized officials for certain law enforcement purposes. For example to respond to a search warrant.

To coroners, medical examiners or funeral directors: I may disclose your PHI to a coroner or medical examiner to determine the cause of death or for other official duties.

Except for those uses and disclosures described above I will not use or disclose your PHI without your written authorization. You may revoke your authorizations by notifying me in writing at any time. A revocation will not apply to any authorized use or disclosure that took place before I received your revocation.

Your rights regarding your PHI

You have the right to see and get copies of your PHI. With some exceptions, you have the right to see and receive copies of the PHI in your record.

You have the right to choose how I send PHI to you. You have the right to ask that I send information to you at an alternate address or by alternate means. When I can reasonably and lawfully agree to your request, I will. I am permitted to charge you for any additional costs incurred by granting your request.

You have the right to amend your PHI. If you believe there is a mistake in your PHI or that important information is missing you may request in writing that I amend or add to the record. I will require that you provide a reason for the request. I may deny your request for an amendment if the request is not properly submitted or if it asks me to amend information that: a) I did not create; b) is not a part of the health information I keep; c) is of a type that you would not be permitted to inspect and copy; or d) is already accurate and complete. If I approve your request I will make the amendment or addition. If I deny your request I will tell you why and explain your right to file a written statement of disagreement.

You have the right to an accounting of disclosures of PHI. You may ask for a list of disclosures of your PHI. The list will not include disclosures I have made for treatment, payment and operations, disclosures described above, disclosures for which I have a signed authorization, disclosures of your PHI to you or disclosures to persons involved in your care.

You have the right to request restrictions of your PHI. I will attempt to honor your right to limit use of your PHI, but may not be able to meet all requests. You may not limit the uses and disclosures that I am legally required or allowed to make.

If you have any questions about this notice please feel free to ask at any time during the course of your treatment.