



Notice of Privacy Practices

LITTLE BIRD PSYCHOTHERAPY, P.S., INC

This notice describes how clinical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

In accordance with applicable state* and federal regulations including the Health Insurance Portability and Accountability Act (HIPAA), Tiffany Cannon-Keiser, MA, LMHC of Little Bird Psychotherapy (LBP) is required to provide you with information regarding my responsibilities to you in how your mental health and medical information (protected health information, referred to as PHI) may be used and disclosed, and how you might access this information. This notice is intended to clarify these responsibilities and rights. Please ask me if you have further questions regarding the use or disclosure of your PHI. Your rights with respect to substance use disorder records, if applicable, are set forth in the section entitled Notice of Confidentiality of Substance Use Disorder Information.

USES AND DISCLOSURES

The following are ways in which LBP may use or disclose your PHI.

For Your Treatment

LBP may use or disclose your protected health information in order to provide treatment to you. This includes situations when I share information about you internally for your case coordination, or when I work with external providers to help carry out your treatment services.

For Payment

LBP may use or disclose your PHI in order to bill you, your insurance company, or a member of your family for charges related to treatment and services that I provide to you. For instance, when I submit a claim to your insurance company for reimbursement, I must provide some details regarding your treatment in order to verify eligibility and coverage. If you are using your insurance to pay for therapy, your insurance agency has the ability to request your records, request a conversation with your therapist about your treatment, receive updates from your therapist pertaining to your treatment, and to receive information about your mental health diagnosis from your therapist/therapy records. I am required to submit your mental health diagnosis to your insurance agency if you are using your insurance to pay for therapy. If I determine that you do not meet the criteria for a mental health diagnosis as according to the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5), your mental health therapy will not be deemed medically necessary and therefore you cannot use your insurance for billing purposes.

For Health Care Operations

I may use or disclose your PHI as part of my other operational procedures such as quality improvement, performance evaluation and compliance reviews. An example of using your information for my operations purposes would be to review the care provided to you to evaluate its effectiveness, efficiency and quality. I may also use information on the care provided to you for business planning, workforce planning and budget management.

Other Unique Situations

- *In Cases of Child Abuse* – If I know or have reason to suspect that a child is being neglected or abused, or that a child has been neglected or abused within the preceding three years, I must immediately report this to the local welfare agency, police, or sheriff's department. I may need to disclose PHI to adequately and accurately report the abuse.
- *Public Health Activities* – I may use or disclose PHI to the appropriate entities or authorities responsible for ensuring public health. Examples of this include reporting a negative reaction or

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problem resulting from a drug to the FDA or notification to the Centers for Disease Control and Prevention (CDC) of exposure to a communicable disease when notification is required.

- *In Cases of Adult and Domestic Abuse* – If I have reason to believe that a vulnerable adult is being or has been maltreated, or if I have knowledge that a vulnerable adult has sustained an injury which cannot be reasonably explained, I must immediately report that information to the appropriate county or law enforcement agency. A “vulnerable adult” is someone who possesses a physical, mental, or emotional infirmity or dysfunction that impairs their ability to care for themselves without assistance or protect themselves from maltreatment. I may need to disclose PHI to adequately and accurately report the maltreatment.
- *For Purposes of Health Oversight Activities* – State regulatory agencies may subpoena records from me that include PHI if they are relevant to an investigation being conducted as part of oversight activities of the health care system or government programs.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information regarding the professional services that I have provided to you, such information is privileged under state law and I must not release this information without a court order or written authorization from you or your legally appointed representative. PHI may be disclosed for this purpose in response to a subpoena or other lawful process, in which case, I will inform you.
- *Serious Threat to Health or Safety* – I may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or to the public. I must also do so if a member of your family or someone who knows you well has reason to believe you present an imminent threat of harm to yourself or others. Under these circumstances, I will only make disclosures to a person or organization able to help prevent the threat.
- *Business Associates* – I will share your PHI with business associates that assist me in business and other administrative operations. Business associates include people or companies outside of LBP who provide services to me. For example, health information may be disclosed to a vendor to send statements and process payment for services rendered. LBP’s business associates must comply with HIPAA laws and I have agreements with them to protect the privacy and security of your PHI.

With Your Authorization

In order to use or disclose your health information for any reasons other than those stated in this notice, I will need a written authorization from you. Authorization can be provided using LBP’s Authorization for Release of Protected Health Information form and must specify the entity to which you are authorizing disclosure, which information you are authorizing me to disclose and the purpose of the disclosure to that entity. Written authorization forms will be provided when indicated. Upon your completion of an authorization form, please bring it to me or fax or mail it to the following address:

Little Bird Psychotherapy
1325 W. 1st Avenue, Suite 202
Spokane, WA 99201
Fax: 833-520-4835

If I receive information that you have been tested for HIV/AIDS, I will not disclose such PHI without your specific written authorization, except where required by state or federal law.

I also keep psychotherapy notes for most clients. These are given a higher degree of protection and cannot be disclosed without your express permission. You have the opportunity to specifically authorize disclosure of psychotherapy notes on the *Authorization for Release of Protected Health Information* form.

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Any written authorizations that you provide expire after one year unless otherwise specified; however, you may revoke an authorization at any time by notifying me in writing.

If this should ever be the case, please be aware that revocation will not impact any uses or disclosures that occurred while the authorization was in effect.

NOTICE OF CONFIDENTIALITY OF SUBSTANCE USE DISORDER INFORMATION

The confidentiality of substance use disorder records and information maintained by LBP is protected by Federal law and rules (42 C.F.R. Part 2) and in some cases, State law. These protections go above and beyond the protections described in LBP's general Notice of Privacy Practices. Information about you may be used by personnel within the program in connection with their duties to provide you with diagnosis, treatment or referral for treatment for substance use disorder. Generally, this program may not reveal to a persona outside of the program that you attend a substance use disorder treatment program or disclose any information that would identify you as having a substance use disorder, unless:

- LBP obtains your written authorization
- The disclosure is allowed by a court order and permitted under Federal and state confidentiality laws and regulations;
- The disclosure is made to medical personnel in a medical emergency;
- The disclosure is made to qualified researchers without your written authorization under certain limited circumstances set forth in 42 C.F.R. Part 2. When required by law, I will obtain an agreement from the researcher to protect the privacy and confidentiality of your information;
- The disclosure is made to a qualified service organization that performs certain treatment services (such as lab analyses) or business operations (such as bill collection) for the program. The program will obtain the qualified service organization's agreement in writing to protect the privacy and confidentiality of your information in accordance with Federal and State law;
- The disclosure is made to a government agency or other qualified non-government personnel to perform an audit or protect the privacy and confidentiality of your information in accordance with Federal and State law;
- The disclosure is made to report a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime; or
- The disclosure is made to report child abuse or neglect to appropriate State or local authorities.

Violation of these privacy regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal and State law. Violations of 42 C.F.R. Part 2 may be reported to the United States Attorney in your state (Washington Eastern district: (509) 353-2767)

To comply with Federal Law, I will seek from you an Authorization to Release Information to your insurance company so that I may coordinate reimbursement for services.

PATIENT RIGHTS

You have the following rights related to your protected health information and privacy:

Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of protected health information. If you have paid in full for a particular health care service or item and specifically request that I not disclose information about this health care item or service to your health plan for payment or healthcare operations purposes, I will agree to this request. Federal law states that I am not otherwise required to agree to your requested restriction. If I do agree, however, I am bound to and will comply with your request unless otherwise required by law or in order to treat you. To request a restriction, you must provide, in writing 1)

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what information you want to limit; 2) whether you want to limit my use, disclosure, or both; and 3) to whom you want the limits to apply.

Right to Receive Confidential Communications

You have the right to request and receive confidential communications about your health, treatment or related issues in a particular manner or at a certain location. For instance, you may prefer me to contact you at your home phone number rather than your work phone number. I will accommodate all reasonable requests.

Right to Inspect and Copy

You have the right to inspect or obtain a copy (or both) of PHI – not including psychotherapy notes – that is used to make treatment decisions about you for as long as the PHI is maintained in my records. I may deny you access to PHI under certain circumstances, but in those cases, you may have this decision reviewed. On your request, I will discuss with you the details of this process.

Right to Amend

If you feel the health information I have about you is incorrect or incomplete, you may ask me to amend the information as long as the information is kept on file. Your request must include a reason to support the amendment and you will be notified in writing if your request is denied. If it is denied, you have the right to submit a written statement of your disagreement with the denial which will be appended or linked to the PHI in question.

Right to an Accounting of Disclosures

You have the right to receive a list of disclosures I have made of your PHI for purposes other than routine treatment, payment, or operations activities. Your request must state a time period that is not longer than 6 years.

Right to Receive Breach Notification

If LBP or any of its business associates experience a breach of your health information (as defined by HIPAA laws) that compromises the security or privacy of your health information, you will be notified of the breach and about any steps you should take to protect yourself from potential harm resulting from the breach.

Right to a Paper Copy

You have the right to obtain a paper copy of this notice from LBP upon request at any time. To submit authorizations, request records, request accounting disclosures, amend your medical record, revoke authorization, or if you have another question about your confidential information, you may send your request or question to the following address:

Little Bird Psychotherapy
1325 W. 1st Avenue, Suite 202
Spokane, WA 99201
Fax: 833-520-4835

LITTLE BIRD PSYCHOTHERAPY'S DUTIES AND OTHER INFORMATION

LBP is required by law to maintain the privacy of protected health information (PHI) and to provide you with this notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change my policies and practices regarding how I use or disclose PHI, or how I will implement patient rights concerning PHI.

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I reserve the right to change this notice and to make the provisions in my new notice effective for all information I maintain. If I change these practices, I will publish a revised Notice of Privacy Practices. The revised notice will be posted and available at my place of service.

Complaints and Other Questions

If you are concerned that I have violated your privacy rights or you disagree with a decision that I made about access to your records, you may make a complaint directly to LBP's owner, Tiffany Cannon-Keiser, or make a written complaint to the Secretary of the Department of Health and Human Services. You will not be penalized for filing a formal complaint. You may also call me to discuss your complaint or any privacy-related questions you may have.

*In addition to complying with Federal privacy laws, Little Bird Psychotherapy maintains the privacy of protected health information in accordance with the following state laws: RCW 70.02, RCW 18.83.110