



JILL PASLAY
LMHC, PMH-C

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN RECEIVE ACCESS TO THIS INFORMATION. THIS INFORMATION WILL INCLUDE PROTECTED HEALTH INFORMATION (PHI), DEFINED IN PRIVACY REGULATION ISSUED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) AND, AS APPLICABLE, RCW CHAPTER 70.02 ENTITLED “MEDICAL RECORDS - HEALTH CARE ACCESS AND DISCLOSURE.” PROVIDING YOU A COPY OF THIS NOTICE IS REQUIRED BY LAW PLEASE REVIEW THIS NOTICE CAREFULLY.

As part of this professional practice, Jill Paslay Therapy, LLC and Jill Paslay, LMHC, PMH-C maintains personal information about you and your health. State and federal law protects such information by limiting its uses and disclosures. “Protected Health Information” (“PHI”) is information about you, including demographic information, that may identify you or be used to identify you, and that relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present or future payment for the provision of health care.

PRIVACY & CONFIDENTIALITY

Jill Paslay Therapy, LLC and Jill Paslay, LMHC, PMH-C understand that your personal health information is important and sensitive. The law protects the privacy of the health information we generate as we provide services to you and information we obtain from others with your permission. We will not disclose your PHI to anyone unless you instruct or authorize us to do so, or unless the law stipulates or provides permission.

Your PHI includes symptoms, diagnoses, test results, treatments, PHI or other information from other providers, and billing and payment information relating to these services. Federal and state law does allow for us to use and disclose your PHI for purposes of treatment and health care operations.

Washington State law requires us to get your authorization to disclose this information for payment purposes. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

Protected Health Information (PHI) means: Individually identifiable health information that is transmitted by electronic means and maintained in any medium or is transmitted or maintained in any other form or medium.

Examples of use and disclosures of PHI for treatment, payment, and health operations for treatment include: Information obtained by a psychologist, psychotherapist, physician, nurse, social worker, or health care team member will be recorded in your medical record and used to help decide what care may be right for you. Upon request and with the proper documentation as required by HIPAA and Washington State Laws, we may also provide information to others involved in providing you care.

Disclosure of PHI for reasons of billing and payment:

Washington State requires written authorization from you in order to use or disclose PHI for billing and payment purposes. This includes providing PHI to your health insurance provider. We will have you sign another form for this titled “Assignment of Benefits” or another similar form for this purpose (RCW 70.02.030(b)). If you use health insurance for your treatment, they may need information from us about your medical care that includes any diagnoses, treatments, or recommended care.

It is my legal and ethical obligation to keep any information about you and your therapy confidential. There are certain limits to your right to confidentiality, which are explained in detail below. This office is compliant with the privacy rules of the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. All information between therapist and client is strictly confidential. By law, information concerning our professional relationship can be released only with the client's prior written consent. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. Please note that the confidentiality of email communication is not guaranteed to be secure and I try to avoid this mode as much as possible. I will on occasion use email (with your permission) to arrange for appointment scheduling or other communications. If you do not wish me to use email- please inform me directly and in writing.

Exceptions to Confidentiality:

- Consultation: I may consult with other *licensed professionals* regarding my clients; however, the client's name or other identifying information is never disclosed. The client's identity remains completely anonymous and confidentiality is fully maintained.
- If you file a worker's compensation claim, and your psychotherapy is relevant to the injury involved in your claim, if properly requested, I must provide a copy of your record to your employer and the Department of Labor and Industries.
- If I have reasonable suspicion that a child has suffered abuse or neglect, the law requires that I file a report with the appropriate government agency.
- If I have reasonable cause to believe threat abandonment abuse, financial exploitation or neglect of a vulnerable adult has occurred, the law requires that I file a report with the appropriate government agency.
- If I have reason to believe you or someone else is in imminent danger, I may be required to take protective actions, including notifying potential victims, contacting the police, seeking hospitalization for you or contacting family members or other who can help provide for your protection.
- I am required to report myself or another healthcare provider in the event of a final determination of unprofessional conduct, a determination of risk to patient safety due to a mental or physical condition, or if I have actual knowledge or unprofessional conduct.
- In the event of a court order or subpoena, I may be required to disclose information.
- Information that may jeopardize my safety will not be kept confidential.
- In the event of a medical emergency, emergency personnel may be given necessary information.
- If you file a complaint or lawsuit against me, I am permitted to disclose information as relevant for my defense.
- In the event of the client's death or disability, the information may be released if the client's personal representative or the beneficiary of an insurance policy on the client's life signs a release authorizing disclosure.

Contact and Technology Agreement

I am often not immediately available by phone, in which case my phone is answered by voicemail that I monitor frequently. I will make every effort to return your call or email within 24 hours, with the exceptions of weekends, holidays and late in the evenings. I do not correspond via text messaging. Please note this includes cancellation of appointments and rescheduling. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

I do not use social media sites to maintain contact with clients. If you send me a request to be part of your network or to be part of mine I will not accept. This is to protect your confidentiality and privacy as well as my own and also to maintain the professional nature of our therapeutic relationship.

Email Communication

I understand that Jill Paslay, LMHC, PMH-C will use reasonable means to protect the security and confidentiality of email sent and received. However, there are known and unknown risks that may affect the privacy of personal health care information when using email to communicate. These risks include, but are not limited to:

- Email can be forwarded, printed and stored in numerous paper and electronic forms and be received by unintended recipients without my knowledge or agreement
- Email may be sent to the wrong address by any sender or receiver.
- Email is easier to forge than handwritten or signed papers.
- Copiers of email may exist even after the sender or receiver has deleted his or her copy.
- Email service providers have a right to archive and inspect emails sent through their systems.
- Email can be intercepted, altered, forwarded, or used without detection or authorization.
- Email can spread computer viruses.
- Email delivery is not guaranteed

By signing below, you agree not to use email for emergencies or to send time sensitive information. It is also agreed that it is your responsibility to follow up with Jill Paslay, LMHC, PMH-C if you have not received a response to an email within a reasonable time period. By signing below, you give permission for Jill Paslay, LMHC, PMH-C to send email messages that may include patient health care information and you acknowledge that you have read and understand the risks of using email as stated above. If you wish to not use email or wish to stop using email as means of communication please request immediately and in writing to Jill Paslay, LMHC, PMH-C.

This Notice of Privacy Practices informs you how Jill Paslay, LMHC, PMH-C may use and disclose your protected health information (“PHI”) and your rights regarding your PHI. Jill Paslay, LMHC, PMH-C is required by law to maintain the privacy of your PHI and to provide you with notice of Jill Paslay, LMHC, PMH-C legal duties and privacy practices with respect to your PHI. Jill Paslay, LMHC, PMH-C is required to abide by the terms of this Notice of Privacy Practices. Jill Paslay, LMHC, PMH-C reserves the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that Jill Paslay, LMHC, PMH-C maintains at that time. Jill Paslay, LMHC, PMH-C will make available a revised Notice of Privacy Practices by providing you a copy upon your request, or providing a copy to you at your next appointment.

Complaints and Concerns:

If you believe your privacy rights have been violated, have concerns or are unhappy regarding what is happening in therapy I encourage you to discuss it with me directly. I consider it my duty to respectfully and seriously consider and take steps to address any feedback you have in regards to our work together. If you feel your concerns have not been listened to or responded to appropriately, or if you feel I have acted unethically you may contact the following agencies:

Mental Health Counselor Program
 P.O. Box 47852
 Olympia, WA 98504-7852
 Phone: (360) 236-4700
 Email: hpqa.csc@doh.wa.gov
 Website: <http://www.doh.wa.gov/hsqa/licensing.htm>

Department of Health
 HSQA Complaint Intake
 P.O. Box 47857
 Olympia, WA 98504-7852
 Phone: (360) 236-4700
 Email: HSQAComplaintIntake@doh.wa.gov
 Website: <http://www.doh.wa.gov/hsqa/Complaint.htm>

Name: _____

Signature: _____

Date: _____