

EAST WEST PSYCHOTHERAPY

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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 THIS NOTICE CAREFULLY.

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about our privacy practices, legal obligations, and your rights concerning your health information (“Protected Health Information” or “PHI”). I must follow the privacy practices that are described in this Notice, which may be amended from time to time.

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:

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I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

A. Permissible Uses and Disclosures without Your Written Authorization

I may use and disclose PHI without your written authorization, excluding Psychotherapy Notes as described in Section 2, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

Treatment: I may use and disclose PHI in order to provide treatment to you. For example, I may use PHI to diagnose and provide counseling services to you. This includes consultation with clinical supervisors or other treatment team members. In addition, I may disclose PHI to other health care providers involved in your treatment to the extent they need to know the information.

Payment: I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

Healthcare Operations: I may use and disclose PHI in connection with our health care operations, including but not limited to quality improvement activities, training programs, accreditation, certification, licensing, or credentialing activities. For training or teaching purposes, PHI will be disclosed only with your authorization.

Required or Permitted by Law: I may use or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you or someone else is a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition I may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions; in the event of a medical emergency, emergency personnel or services providers may be given necessary information; if you bring a complaint against East West Psychotherapy; in the event of the client's death or disability, 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; in the event you reveal the contemplation or commission of a crime or harmful act; for auditing purposes or state licensing review; or as otherwise authorized by law.

B. Uses and Disclosures Requiring Your Written Authorization

I am bound by professional ethics to protect client rights to confidential communications in regards to their involvement in counseling. For this reason, if information about your participation in therapy is to be released to anyone, I will require a signed "Release of Information" from you for any of the following:

Psychotherapy Notes: Notes recorded by your therapist documenting the contents of a counseling session with you (“Psychotherapy Notes”) will be used only by your therapist and will not otherwise be used or disclosed without your written authorization unless otherwise required by law.

Marketing and Fundraising Communications and Sale of PHI: I will not use your health information for marketing or fundraising purposes without your written authorization. Furthermore, I must obtain your written authorization prior to the sale of your PHI, consistent with the related definitions and exceptions set forth in HIPAA.

Other Uses and Disclosures: Uses and disclosures other than those described in Section I.A. above will be made only with your written authorization. For example, you will need to sign an authorization form before I can send PHI to a school or to your attorney. You may revoke any such authorization in writing at any time.

II. YOUR INDIVIDUAL RIGHTS

Right to Inspect and Copy. You may request access to your medical record and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records if I believe the information may be harmful to you or someone else. You have the right to appeal any denials. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor 13 years or older, please note that certain portions of the minor’s record that includes information pertaining to mental health, drug treatment, or family planning will not be accessible to you.

Right to Alternative Communications. You may request, and I will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.

Right to Request Restrictions. You have the right to request a restriction on PHI I use or disclose for treatment, payment or health care operations. You must request any such restriction in writing. I am not required to agree to any such restriction you may request except if your request is to restrict disclosing PHI to a health plan for the purpose of carrying out payment or health care operations, the disclosure is not otherwise required by law, and the PHI pertains solely to a health care item or service which has been paid in full by you or another person or entity on your behalf.

Right to Accounting of Disclosures. Upon written request, you may obtain an accounting of certain disclosures of PHI made by me in the last six years, subject to certain restrictions and limitations.

Right to Request Amendment: If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy.

Right to Obtain Notice. You have the right to obtain a paper copy of this Notice by request at any time.

Right to Receive Notification of a Breach. I am required to notify you if I discover a breach of your unsecured PHI, according to requirements under federal law.

Questions and Complaints. If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may request this. You may also file written complaints regarding East West Psychotherapy with the Office for Civil Rights of the U.S. Department of Health and Human Services, Secretary of Health and Human Services, at 200 Independence Avenue, S.W. Washington, D.C. 20201, or by calling (202) 619-0257. I will not retaliate against you if you file a complaint.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

Effective Date. This Notice is effective on June 9, 2021.

Changes to this Notice. I may change the terms of this Notice at any time. If I change this Notice, I may make the new Notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. If I change this Notice, I will post the revised notice on my website (www.ewpsychotherapy.com). You may also obtain a revised Notice by request at any time.