

Rebecca Brabo Silva, MA, LMHC
200 First Ave. West, Ste. 400, Seattle, WA 98119
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.

Uses and Disclosures: I use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. I may use or disclose identifiable health information about you without your authorization in several situations, but beyond those situations, I will ask for your written authorization before using or disclosing any identifiable health information about you.

Your rights: In most cases, you have the right to look at or get a copy of health information about you. If you request copies, I will charge you only normal photocopy fees. You also have the right to receive a list of certain types of disclosures of your information that I have made. If you believe that information in your record is incorrect, you have the right to request that I correct the existing information.

Our legal duty: I am required by law to protect the privacy of your information, provide this notice about my information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. Before I make a significant change in my policies, I will change my notice and give you a new copy. You can also request a copy of my policies at any time. For more information about my privacy practices, please feel free to ask in session.

Complaints: If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, please discuss the matter directly with me first. If you are not satisfied, you may also send a written complaint to:
Office for Civil Rights, U.S. Department of Health & Human Services,
2201 Sixth Avenue - Mail Stop RX-11, Seattle, WA 98121

Uses and Disclosures of Protected Health Information

Following are examples of the types of uses and disclosures of your protected health care information that I am permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

TREATMENT: I will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

PAYMENT: Your protected health information will be used, as needed, in activities related to obtaining payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to your health insurance company or governmental plan to obtain approval for the hospital admission.

HEALTHCARE OPERATIONS: I may use or disclose, as-needed, your protected health information in order to support our business activities. For example, I regularly review my work with a professional psychotherapy consultant.

- **Business Associates:** I may share your protected health information with a third party 'business associate' that performs various activities (e.g., billing, transcription services). Whenever an arrangement between a business associate and I involves the use or disclosure of your protected health information, I will have a written contract that contains terms that will protect the privacy of your protected health information.

- **Marketing:** I may use or disclose certain health information in the course of providing you with information about treatment alternatives or health-related services. You may contact me at anytime to request that these materials not be sent to you.

Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing.

Opportunity to Object

I may use and disclose your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then I, using my professional judgment, may determine whether the disclosure is in your best interest.

- **Others Involved in Your Healthcare:** Unless you object, I may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.
- **Emergencies:** In an emergency treatment situation, I will provide you a Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.
- **Communication Barriers:** I may use and disclose your protected health information if I have attempted to obtain acknowledgement from you of my Notice of Privacy Practices but have been unable to do so due to substantial communication barriers and I determine, using professional judgment, that you would agree.

Without Opportunity to Object

I may use or disclose your protected health information in the following situations without your authorization or opportunity to object:

- **Public Health:** for public health purposes to a public health authority or to a person who is at risk of contracting or spreading your disease.
- **To aid in disaster relief efforts.**
- **Health Oversight:** to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- **Abuse or Neglect:** to an appropriate authority to report child abuse or neglect, if we believe that you have been a victim of abuse, neglect, or domestic violence.
- **Food and Drug Administration:** as required by the Food and Drug Administration to track products.
- **Legal Proceedings:** in the course of legal proceedings.
- **Law Enforcement:** for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.
- **Coroners, Funeral Directors, and Organ Donation:** for the coroner, medical examiner, or funeral director to perform duties authorized by law and for organ donation purposes.
- **Soldiers, Inmates, and National Security:** to military supervisors of Armed Forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate disclosure of protected health information.
- **Workers' Compensation:** to comply with workers' compensation laws. **Compliance:** to the Department of Health and Human Services to investigate our compliance.

In general, I may use or disclose your protected health information as required by law and limited to the relevant requirements of the law.

Your Rights

You have the right to:

- inspect and copy your protected health information. However, I may refuse to provide access to certain psychotherapy notes or information for a civil or criminal proceeding.
- request a restriction of your protected health information. You may ask me not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. I am not

required to agree to a restriction that you may request, but if I do agree, then I must act accordingly.

- request to receive confidential communications from me by alternative means or at an alternative location. I will accommodate reasonable requests. I may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. I will not request an explanation from you as to the basis for the request.
- ask me to amend your protected health information. You may request an amendment of protected health information about you. If I deny your request for amendment, you have the right to file a statement of disagreement, and your medical record will note the disputed information.
- receive an accounting of certain disclosures we may have made. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically

Acknowledgement of receipt of Notice of Privacy Practices:

Please sign your name below and on the acknowledgement form that follows.

Signature

Date

***PLEASE KEEP THIS FORM AND THE PRECEDING PAGES.
RETURN ONLY THE ATTACHED ACKNOWLEDGMENT FORM.***

Rebecca Brabo Silva, MA, LMHC
200 First Ave. West, Ste. 400, Seattle, WA 98119
Acknowledgement Form

Acknowledgement of receipt of Notice of Privacy Practices:

Please print and sign your name on this acknowledgement form, which will be retained in your file.

Signature

Date

Print Name