



### NOTICE OF PRIVACY PRACTICES

*This specific legal term refers to any information either I create (whether electronically or on paper) as a result of providing services to you, or receive about you that relates to your past, present, or future health, or payment for your healthcare, and that identifies you or which could conceivably be used to identify you.*

**Purpose:** Recognizing the trust you place in me as your counselor, I am committed to protecting the privacy of your personal information<sup>1</sup>. I am also required by law to maintain this privacy, and to provide you with this detailed Notice of my legal responsibilities and privacy practices relating to your personal healthcare information. This is a legal document required by new federal regulations and therefore contains specific legal terms specified in federal law.

**Record Keeping Practices:** Standard practice requires me to keep an official record of your therapy process, including a general description of your emotional or psychological functioning, a diagnosis, if required, agreed-upon treatment goals, a list of symptoms, any medications, and some description of your progress throughout the time we work together.

**Your Rights Relating to Your Personal Healthcare Information:** You have specific legal rights relating to your personal healthcare information. First, I am required by law to maintain the privacy of your information and to provide you with this document describing my legal duties and privacy practices with respect to the information I maintain about you. You also have the following rights:

- To inspect and receive a copy of your personal healthcare information for as long as I maintain it. I am permitted to charge a reasonable, cost-based fee for copies. Only in certain limited circumstances may this right be restricted.
- To request that I amend your personal healthcare information if you believe that it is incorrect or incomplete. I am not required to agree to the amendment, but you have the right to file a statement of disagreement with me and I am allowed to prepare a rebuttal to your statement— all of which will go into your official record.
- To request restrictions on certain uses and disclosures of your healthcare information for purposes of treatment, payment or operations of my practice. You may also request that any part of your personal healthcare information not be disclosed to your family members or friends who may be involved in your care. Please be advised that I am not required to agree to such a request. If I believe it is in your best interest to make such disclosures, I will not honor your restriction request.
- To request confidential communications from me by alternative means or at an alternative address. I will accommodate reasonable requests and will not require an explanation of your request. I may condition an accommodation on your providing information as to how payment will be handled, and/or for an alternative address or other method of contact.
- To receive a copy of the required accounting of disclosures that I make of your personal healthcare information. This accounting documents non-routine disclosures or those made for purposes other than treatment, payment or operations of my practice. It also excludes disclosures I may have made to you or disclosures made at your request and accompanied by a specific written authorization of disclosure.
- To file a written complaint with me and/or with the Secretary of Health & Human Services. I will not retaliate against you for filing such a complaint.

### Uses and Disclosures of Your Healthcare Information

***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 may use your personal healthcare information for the purpose of providing you treatment. To coordinate and manage your care, I may disclose your information to others of your current providers, and to the extent you have not raised an objection in writing, to your prior providers, or to other persons (including family members), involved in your care.

I may use your personal healthcare information in connection with billing statements I send you and in my system for tracking charges and credits to your account. With your authorization, I may disclose your information to third party payers to obtain information concerning benefit eligibility, coverage, and remaining availability, as well as to submit claims for payment and disclose your healthcare information for medical necessity and quality assurance reviews. I may use and disclose your personal healthcare information for the healthcare operations of my practice in support of the functions of treatment and/or payment. Such disclosures would include those for administrative, legal, or financial services to assist me in providing your

healthcare treatment.

**Other Uses and Disclosures that Do NOT Require Your Authorization or an Opportunity to Object:** I may use or disclose your personal healthcare information to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports, abuse and neglect reports, law enforcement reports, and reports to coroners and medical examiners in connection with investigation of deaths. I must also make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

I may also disclose your personal healthcare information to a health oversight agency for activities authorized by law such as my professional licensure. Oversight agencies also include government agencies and organizations that audit the provision of financial reimbursement to me, such as third party payers. I may disclose your healthcare information when necessary to minimize an imminent danger to the health or safety of you or any other individual.

I may use your personal information to contact you to remind you of your appointments with me. I may disclose your personal healthcare information to Business Associates that are contracted by me to perform professional services on my behalf which may involve their collection, use or disclosure of your personal information. My contract with these entities requires them to safeguard the privacy of your information.

I may disclose your personal healthcare information if a court of competent jurisdiction issues an appropriate order. I will also disclose your personal healthcare information if:

- 1) You and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, identifying the personal healthcare information sought, and the date by which a protective order must
- 2) No qualified judicial or administrative protective order has been obtained;
- 3) I have received satisfactory assurances that you received notice of an opportunity to have limited or quashed the discovery demand;
- 4) Such time has elapsed.

**Uses and Disclosures of Your Personal Healthcare Information Made With Your Authorization:** I will make other uses and disclosures of your personal healthcare information only with your written authorization. You may revoke this authorization in writing at any time, unless I have taken a substantial action in reliance on the authorization such as providing you with health care services for which I must submit subsequent claim(s) for payment.

**Changes to this Notice of Privacy Practices:** I am required to abide by the terms of this Notice of Privacy Practices, but I am also permitted to change the terms of this Notice at any time. Once a revision is in effect, it applies to all of your personal healthcare information that I maintain whether or not you are still in treatment with me. You may request a copy of my revised Notice of Privacy Practices at any of your appointments, or ask that one be mailed to you by leaving me a message on my answering machine, or by accessing the current contact information.

I am my own Privacy Officer, so if you have any questions about this Notice of Privacy Practices, please contact me: Michelle Barenchi, MA, LMFTA, 360-952-7399

## COMPLAINTS

If you believe I have violated your privacy rights, you may file a complaint in writing with me. I will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

## COUNSELING OR HYPNOTHERAPY CLIENTS

### **Client and Counselor Responsibilities and Rights**

Counselors must provide disclosure information to each client in accordance with chapter 18.19 RCW prior to implementation of a treatment plan. The disclosure information must be specific to the type of counseling service offered; in language that can be easily understood by the client; and contain sufficient detail to enable the client to make an informed decision whether or not to accept treatment from the disclosing counselor.

If you have concerns about being dependent upon your counselor or hypnotherapist, talk to him or her about it. Remember, you are going to that person to seek assistance that helps you learn how to control your own life. You can and should ask questions if you don't fully understand what your counselor or hypnotherapist is doing or plans to do.

**Requirement for Registration or Licensure**

Your counselor or hypnotherapist must be either registered under chapter 18.19 RCW or certified under chapter 18.25 through the Washington State Department of Health unless otherwise exempt. To be registered, a person fills out an application and pays a fee. To become licensed, a person fills out an application form and pays a fee, but he or she must also show proof of appropriate education and training. There are some people who do not need to be either registered or certified because they are exempt from the law. You should ask your counselor or hypnotherapist if he or she is registered or licensed and discuss his or her qualifications to be your counselor or hypnotherapist.

**Definitions**

Counseling means using therapeutic techniques to help another person deal with mental, emotional and behavioral problems or to develop human awareness and potential. A registered or certified counselor is a person who gets paid for providing counseling services.

**Confidentiality**

Your counselor or hypnotherapist cannot disclose any information you've told them during a counseling session except as authorized by RCW 18.19.180:

1. With the written consent of that person or, in the case of death or disability, the person's personal representative, other person authorized to sue, or the beneficiary or an insurance policy on the person's life, health, or physical condition;
2. That a person registered or certified under this chapter is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act;
3. If the person is a minor, and the information acquired by the person registered or certified under this chapter indicates that the minor was the victim or subject of a crime, the person registered or certified may testify fully upon any examination, trial, or other proceeding in which the commission of the crime is the subject of the inquiry;
4. If the person waives the privilege by bringing charges against the person registered or certified under this chapter;
5. In response to a subpoena from a court of law or the secretary. The secretary may subpoena only records related to a complaint or report under chapter 18.130 RCW; or
6. As required under chapter 26.44 RCW.

**Assurance of Professional Conduct**

Thousands of people in the counseling or hypnotherapy professions practice their skills with competence and treat their clients in a professional manner. If you and the counselor agree to the course of treatment and the counselor deviates from the agreed treatment, you have the right to question the change and to end the counseling if that seems appropriate to you.

We want you to know that there are acts that would be considered unprofessional conduct. If any of the following situations occur during your course of treatment, you are encouraged to contact the Department of Health at the address or phone number in this publication to find out how to file a complaint against the offending counselor or hypnotherapist. The following situations are not identified to alarm you, but are identified so you can be an informed consumer of counseling or hypnotherapy services. The conduct, acts or conditions listed below give you a general idea of the kinds of behavior that could be considered a violation of law as defined in RCW 18.130.180.

1. The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilty of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purpose of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
2. Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;
3. Any advertising which is false, fraudulent or misleading;
4. Incompetence, negligence, or malpractice which results in injury to a patient, or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;
5. Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;
6. The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;
7. Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;
8. Failure to cooperate with the disciplining authority by:
  - (a) Not furnishing any papers or documents;
  - (b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;

- (c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceedings;
  - (d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;
9. Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;
  10. Aiding or abetting an unlicensed person to practice when a license is required;
  11. Violations of rules established by any health agency;
  12. Practice beyond the scope of practice as defined by law or rule;
  13. Misrepresentation or fraud in any aspect of the conduct of the business or profession;
  14. Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;
  15. Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
  16. Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
  17. Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
  18. The procuring, or aiding or abetting in procuring, a criminal abortion;
  19. The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means or procedure which the licensee refuses to divulge upon demand of the disciplining authority;
  20. The willful betrayal of a practitioner-patient privilege as recognized by law;
  21. Violation of chapter 19.68 RCW;
  22. Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;
  23. Current misuse of:
    - (a) Alcohol;
    - (b) Controlled substances; or
    - (c) Legend drugs
  24. Abuse of a client or patient or sexual contact with a client or patient;
  25. Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

***This publication should not be considered as the final source of information. If you want more information about the law regulating counselors and hypnotherapists or want to file a complaint, please write to: Department of Health, Health Professions Quality Assurance, PO Box 47869, Olympia, Washington 98405-7869.***

**If you want to contact someone by phone to discuss the law or talk about a possible complaint, call 360.236.4700, Monday through Friday, 8:00 a.m. to 5:00 p.m.**