Anchored Vision: Family Therapy Services, PLLC

Notice of Privacy Practice Summary

HIPAA-70.02.050, 71.05.390, RCW-71.05.360, CFR 42, Mandated Reporting 26.44, 74.34

This summary discloses how medical information about you may be used by Anchored Vision: Family Therapy services, PLLC. I am required by law to maintain the privacy and security of your protected health information and follow the duties and privacy practices described in this notice. If desired, you may have a copy of this form. I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Please let me know in writing if you change your mind.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/ understanding/consumers/noticepp.html.

Treatment, Payment, Operations. We may 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.

Authorization for Use and Disclosure. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

Advance Directive, Appointment Reminders. We may communicate with someone designated to participate in your care in accordance with an advance directive, and we may use your information to provide appointment reminders.

Public Health, Research, Health and Safety, Government, Workers Compensation. We may disclose your information for public health activities, research, health and safety, governmental function, and in order to comply with workers compensation laws and regulations.

Rights. You have a right to inspect and copy information used to make decisions about your care, to request an amendment of the information, to an accounting of disclosures, to request communication with you by alternate means, to request restrictions on the information we use, and to revoke your authorization for release of information.

Complaints. You may complain to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Respond to Lawsuits and Legal Actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Organization duties. We must maintain the privacy of protected health information, provide you with notice of our legal duties and privacy practice with respect to your health information, abide by the terms of the notice, notify you if we are unable to agree to the requested restriction on how your information is used or disclosed, accommodate reasonable requests you may make to communicate with health information by alternative means or by alternative locations, and obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

Questions. If you have any questions, ask your therapist and he will refer you to useful resources.

"I acknowledge that I have received the Anchored Vision: Family Therapy Services, PLLC full Privacy Notice which describes how Anchored Vision uses and discloses protected health information. I have been informed of my rights related to this information."

Client Name (print)	Signature	Date
Legal Guardian Name (print)	Signature	Date
Provider Name (print)	Signature	Date