



## HIPAA NOTICE OF PRIVACY PRACTICE

Paraclete Counseling Services, LLC – Yakima, WA

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Effective Date: August 22, 2017

We understand that information about you and your health is personal. We are committed to protecting your private health information (PHI). We create a record of the care and services you receive from us to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care created by this office. This Notice will tell you about the ways in which we may use and disclose your health information. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your private health information. A copy of this Notice is posted in our lobby.

### We are required by law to:

- Make sure that health information that identifies you is kept private
- Give you this Notice of our legal duties and privacy practices with respect to private health information about you; and
- Follow the terms of the Notice that is currently in effect.

### How we may use and disclose health information about you:

- For treatment
- For payment
- For health care operations
- For appointment reminders
- As required by Law
- Public Health risks
- Health oversight activities
- Lawsuits and disputes
- Law enforcement
- Coroners, health examiners and funeral directors
- To avert a serious threat to health and safety
- As required by the Military or Veterans
- National Security
- Inmates
- Workers' Compensation

### Your rights regarding Health Information about you:

- Right to Inspect and Copy
- Right to Amend
- Right to an Accounting of Disclosures
- Right to Request Restrictions
- Right to Request Confidential Communications
- Right to a paper copy of this Notice

### Changes to this Notice:

We reserve the right to change this Notice.

### Complaints:

If you believe that your privacy rights have been violated you may file a written complaint with us, and/or to the State of Washington Department of Health.

### Acknowledgement of Receipt of this Notice:

We will request that you sign a separate form acknowledging that you have received a copy of this Notice. The acknowledgement will become part of your record.