

**William Halter Therapy INC. P.S.**

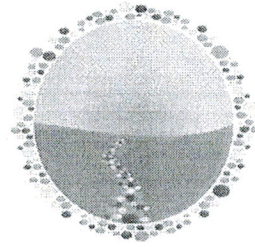
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**NOTICE OF PRIVACY PRACTICES**

*The privacy of your information is important to me. I will maintain the privacy of your health information and will not disclose your information unless you advise me to do so or the law authorizes or requires me to do so.*

*A federal law commonly known as HIPAA requires I take additional steps to keep you informed of how I use gathered information in order to provide health care services to you. As a part of this process, I am required to provide you with the attached Notice of Privacy Practices and request that you sign the written acknowledgment of receipt. The Notice of Privacy Practices describes how I may use and disclose your protected health information in order to carry out treatment, payment and health care operations and for other purposes permitted or required by law. This notice describes your rights regarding your health information and a brief description of how you may exercise these rights.*

*If you have questions about this policy feel free to contact William Halter.*

# Notice of Privacy Practices, Policies, and Procedures

William Halter, M.Ed., L.M.H.C.  
Child and Adult Mental Health Specialist

## Applicability and Effective Date

Having determined that I am a covered entity as a "health care provider who transmits any health information in electronic form in connection with a covered transaction" the following Policies and Procedures are in force in my practice. The information contained in this document will be in effect beginning October 8, 2012 or at such time that I become a covered entity.

## Uses and Disclosures of Protected Health Information

### A. Permissible Uses and Disclosures without Written Authorization

I may use and disclose PHI without written authorization, excluding Psychotherapy Notes, for certain purposes as described below.

1. Treatment I may use and disclose PHI in order to provide treatment to clients.
2. Payment: I may use or disclose PHI so that services are appropriately billed, and payment is collected from, health plans.
3. Health Care Operations: I may use and disclose PHI in connection with health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities.
4. 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 a client 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 the health or safety of a client 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; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.
5. Records of Disclosure: Records of disclosure of PHI without client authorization will be maintained in the case record as required by HIPAA standards.
  - Records of disclosure will include:
    - A description of the information to be disclosed;
    - Who (individual or organization) is making the request.
    - Expiration date of the request;
    - A statement that the individual has the right to revoke the request;
    - A statement that information may be subject to re-disclosure by the receiving party;
    - Signature of the client or their representative and date;
    - If signed by a representative, a description of their authority to make the disclosure.

Records of disclosure will be maintained for at least six years in accordance with Washington State Law.

### B. Uses and Disclosures Requiring Written Authorization

1. Psychotherapy Notes: Notes documenting the contents of a counseling session ("Psychotherapy Notes") will not be used or disclosed without written client authorization and within federal and state laws. Social work ethics will also be used to determine disclosure of the contents of these notes.  
Note: HIPAA requires psychotherapy notes to be "separated from the rest of the individual's medical record".

2. Marketing Communications: I will not use health information for marketing communications without written authorization.

3. Other Uses and Disclosures: Uses and disclosures other than those described in Section A above will only be made with written client authorization. Clients may revoke such authorizations at any time.

#### Notice of Privacy Practices

A. Every attempt will be made in the first session to explain my Privacy Policy, address any restrictions to PHI and obtain a signature confirming receipt of NPP. In those situations where a signature is not possible; I will document my attempts to obtain the signature and reasons for not doing so.

B. Existing clients will receive my Notice of Privacy Practices (NPP) on or before October 8, 2012. A copy of my NPP will be posted in my waiting room and updated as policies change. Any client or potential client may have access to a written copy of my Privacy Policy.

C. I reserve the right to make changes in my Privacy Policies and Procedures. Language supporting this right will appear in my NPP. In those situations where changes are made to my Privacy Policies and Procedures, I will post those changes in my waiting room.

D. I will obtain a written consent from all clients to release any and all information including TPO except when required by law.

#### Access to Protected Health Information

A. Right to Inspect and Copy. Clients may request access to their medical record and billing records maintained by me in order to review and/or request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to those records. I may charge a fee for the costs of copying and sending any records requested. See fee scale for charges. A parent or legal guardian of a minor will not have access to certain portions of the minor's medical record. Minors over the age of 13 years must provide written consent for disclosure.

Access will be granted within a reasonable time frame and no later than 30 days. In those situations where I determine that access to their PHI would be harmful to the client, I will restrict the client's access to the record. The client may appeal this decision to a neutral third party agreed upon by both the client and me. The decision of that party will be binding.

B. Right to Request Amendment. Clients have the right to amend their record by including a statement in the case file. The original documentation will remain in the file alongside the amendment. All client requests to access case records will be recorded in their file. The client's request must be in writing and must explain why the information should be amended. I may deny requests under certain circumstances.

C. Right to Alternative Communications. Clients may request, and I will accommodate, any reasonable written request to received PHI by alternative means of communication or at alternative locations.

D. Minimum Necessary. With the exception of release of information for treatment purposes, any disclosure of PHI will provide only the minimum necessary information to comply with the request

E. Security of Records. Appropriate safeguards will be taken to protect the security of PHI and reasonably protect it from intentional or unintentional disclosures.

F. Right to Request Restrictions. Clients have the right to request a restriction on PHI used for disclosure for treatment, payment, or health care operations. Clients must request any such restrictions in writing addressed to the Privacy Officer. I am not required to agree to any restrictions clients may request.

G. Right to Obtain Notice. Clients have the right to obtain a paper copy of my NPP by submitting a request to the Privacy Officer.

H. Questions and Complaints. Clients who require further information about their privacy rights or have concerns that I have violated their privacy rights may contact the Privacy Officer. Clients may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services.



### Business Associates

- A. It is my policy to obtain a Business Associate Contract with any individual or organization who has access to PHI in my possession and who is not a covered entity under HIPAA or a member of my workforce.
- B. All Business Associate Contracts will include language that reasonably assures that the Business Associate will appropriately safeguard and limit their use and disclosure of PHI that I disclose to them. In the event I learn of a breach of the Business Associate Contract by the Business Associate, I will immediately take reasonable steps to correct the problem, including termination of the contract with the Business Associate and reporting to the Secretary of the Department of Health and Human Services.
- C. Business Associate Contracts will be in place on or before October 8, 2012 or at such time that I become a covered entity.

### Administrative Requirements Privacy Official Complaints and Grievances

- A. William Halter, M.Ed., LMHC is the designated privacy officer and contact person for my practice. Questions and concerns about violations of HIPAA requirements can first be directed to me.
- B. In the event a breach of confidentiality is reported, I will review the complaint and compare the action I took against HIPAA regulations. In this process I will take reasonable steps to obtain expert opinion and review of my practice to determine if a breach has occurred. If I find that a breach has occurred I will take immediate steps to come into compliance with HIPAA regulations.
- C. Clients will be informed in my NPP of the proper procedure for filing a complaint. *At* no time will I intimidate, threaten, coerce, discriminate, or retaliate against anyone making a complaint against me, nor will client be asked to waive their rights to receive treatment for filing a complaint against my practice.
- D. As changes in BHPAA regulations are implemented, I will update my policies, -practices and notices to comply with the new regulations. Changes will be posted in my waiting room,
- E. All policies pertaining to HIPAA will be retained by my practice for at least six years from the date they are written or the date they are in effect, whichever is later, even if policies and procedures change.

### Preemption of State Law

- A. I will comply with all state laws pertaining to my practice. In the event that a state law conflicts with HIPAA regulations, I will adhere to the regulation or law that offers clients more stringent protection of PHI.

### Policies Pertaining to Employees

- A. All employees will be trained in the use and disclosure of PHI, with and without authorization, at the time of hiring and annually thereafter. Employees will sign documentation of completion of training.
- B. All employees will sign a confidentiality agreement
- C. All employees will be trained to understand the concept of minimum necessary in disclosure of PHI. Employees will be given access only to that PHI necessary to complete their job duties. Any employee who violates these policies and procedures will be subject to disciplinary action up to and including termination of employment
- D. Employees are encouraged to report any potential conflict between HIP AA regulations and practice procedures. No employee will be punished for reporting infractions. Employees are not required to participate in a practice that they feel, in good faith, is illegal.
- E. Employees will be trained in security awareness.
- F. Policy and Procedure Manuals will be available to all staff. All previous policy manuals will be available to employees for at least six years from the date of creation or date when the policy was last in effect, whichever is later.
- G. All employees will be trained in HIPAA implementation timelines,
- H: Employees are encouraged to respond to and cooperate with requests from DSHS for information. Employees will be trained in the procedures for responding to an investigation,