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NOTICE OF PRIVACY PRACTICES – BRIEF VERSION

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.

My practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. I also am required by law to keep your information private. These laws are complicated, but I must give you this important information. This pamphlet is a shorter version of the full, legally required Notice of Privacy Practices (NPP), which I am happy to provide to you upon request. Please talk to me about any questions you may have.

I will use the information about your health, which I get from you or from others mainly to provide you with **treatment**, to arrange **payment** for my services, and for some other business activities that in the law are called health care **operations**. After you have read this NPP, I will ask you to sign a **Consent Form** to let me use and share your information. If you do not consent and sign this form, I cannot treat you.

If you or I want to use or disclose (send, share, release) your information for any other purposes, I will discuss this with you and ask you to sign an Authorization form to allow this.

Of course, I will keep your health information private, but there are some times when the laws require me to use or share it. For example:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. I will only share information with a person or organization that is able to help prevent or reduce the threat.
2. If I have reasonable cause to believe that a child or vulnerable adult has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.
3. Some lawsuits and legal or court proceedings.
4. For Workers Compensation and similar benefit programs.

There are some other situations like these that occur less often, and they are described in the longer version of the NPP, which I will provide to you upon request.

Your rights regarding your health information

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home instead of at work to schedule or cancel an appointment. I will try my best to do as you ask.
2. You have the right to ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep our agreement unless it is against the law, in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information I have about you such as your medical and billing records. You can even get a copy of these records, but I may charge you. In some very rare situations, you cannot see all of what is in your records, for example, if I believe that seeing them would be emotionally damaging or cause danger to the life or safety of you or another. You also will not be allowed access to your records if your treatment was requested by a third party or part of a legal evaluation. Contact me about arranging to see your records.
4. If you believe the information in your records is incorrect or missing important information, you can ask me to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to me. You must tell me the reasons you want to make the changes.
5. You have the right to a copy of this notice. If I change this NPP, I will post the new version in my waiting area, and you can always get a copy of the NPP from me.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

If you have any questions regarding this notice or my health information privacy policies, please contact me at the address and phone number above.

The effective date of this notice is April 14, 2003.