

Notice of Privacy Practices

MADRONA THERAPY NW, PLLC

223 N. Yakima Ave, Tacoma, WA 98403

Info@MadronaTherapyNW.com

(509) 593-0155

NOTICE OF PRIVACY PRACTICES

THIS NOTICE EXPLAINS HOW YOUR HEALTH INFORMATION MAY BE USED OR SHARED, AND HOW YOU CAN ACCESS IT. PLEASE READ IT CAREFULLY.

EFFECTIVE DATE OF THIS NOTICE This notice went into effect on 05/01/2025

I. MY COMMITMENT TO YOUR PRIVACY

Your health information is personal, and I'm committed to protecting your privacy. I keep records of the care and services you receive to ensure high-quality treatment and to meet legal and ethical requirements.

This notice applies to all records related to your care within this practice. It explains how I may use and disclose your health information, your rights regarding that information, and the legal obligations I must follow.

As required by law, I will:

- Keep your protected health information (PHI) private.
- Provide you with this notice outlining my legal duties and privacy practices.
- Follow the terms of the notice currently in effect.

I may update this notice at any time. Any changes will apply to all information I maintain about you. The most recent version will always be available upon request, in my office, and on my website.

II. HOW I MAY USE AND SHARE YOUR HEALTH INFORMATION

There are several ways I may use or disclose your health information. Below are examples to help you understand how this may occur. While not every possible use is listed, all permitted uses fall within the categories described below.

For Treatment, Payment, and Health Care Operations

Federal privacy laws allow me to use or disclose your information—without written permission—for purposes directly related to treatment, payment, and healthcare operations:

- **Treatment:** I may use or share your information to coordinate and provide your mental health care. For example, if I consult with another licensed provider to support your treatment, I may share relevant information to help inform your care.
- **Payment:** I work with a designated billing professional who handles the administrative process of billing and insurance claims on my behalf. Your health information may be shared with this person as needed to process payments, verify benefits, or manage claims. This is done with strict confidentiality and in accordance with privacy laws.
- **Healthcare Operations:** These are activities essential to running my practice effectively, such as training, supervision, licensing, quality assurance, or compliance monitoring.

Please note that disclosures for treatment purposes are not limited to the "minimum necessary" standard,

because therapists and other healthcare providers often need access to your complete health record to ensure safe, effective care. "Treatment" includes coordination with my supervisor, other professionals, consultations, and referrals between providers.

Legal Matters

- I may disclose PHI if required by a valid court or administrative order.
- If I receive a subpoena or other legal request, I will make reasonable efforts to notify you or to obtain a protective order before disclosing any information.
- If you file a complaint or lawsuit against me, I may use PHI to respond to those legal proceedings.

Billing and Administrative Support

I work with a designated billing and administrative support professional who assists with practice management functions. This individual has access to certain client information necessary to perform duties related to scheduling, billing, claims processing, payment collection, insurance verification, and document sharing. This includes access to client profiles, appointment information, billing details, payment records, insurance claims, and relevant documentation. This person may also view limited clinical documentation (such as intake forms, chart notes, and completed questionnaires) when necessary to support billing or care coordination. All access is granted in accordance with HIPAA privacy and security regulations, and this individual is bound by confidentiality agreements to protect your personal health information.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes:** If I keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
 2. **Marketing:** I do not use or disclose your protected health information (PHI) for marketing purposes.
 3. **Sale of PHI:** I do not sell PHI under any circumstances.
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IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

In certain situations, I may use or disclose your protected health information (PHI) without your written authorization, as allowed or required by law. These situations include:

- **As Required by Law:** To comply with federal or state mandates.
- **Public Health and Safety:** To report suspected abuse or to reduce a serious threat to health or safety.
- **Health Oversight Activities:** For audits, investigations, or compliance reviews by regulatory agencies.
- **Legal and Administrative Proceedings:** In response to court orders or subpoenas as permitted by law.
- **Law Enforcement:** If a crime occurs on the premises or in certain emergency situations.
- **Coroners and Medical Examiners:** For identification or determining cause of death, if required.

- **Research:** For approved research projects that meet federal and ethical guidelines.
 - **Workers' Compensation:** To comply with applicable workers' compensation laws.
 - **Appointment Reminders or Care-Related Services:** To inform you of upcoming appointments or services that may support your treatment.
- V. USES AND DISCLOSURES THAT REQUIRE AN OPPORTUNITY TO OBJECT

Involvement in Your Care or Payment for Your Care:

If you identify a family member, friend, or another person involved in your care or helping to pay for your services, I may share limited information about your care with them. You have the right to object to this. In emergency situations or when you are unavailable, I may share this information if I believe it is in your best interest. You may also provide or withdraw consent after the fact.

VI. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

You have several rights under HIPAA concerning your health information. These include:

- 1. Right to Request Limits on Use and Disclosure:** You may ask me not to share certain information for treatment, payment, or administrative purposes. While I will consider your request, I am not required to agree if it may impact your care.
 - 2. Right to Restrict Information Sent to Health Plans:** If you have paid for a service out-of-pocket and in full, you can request that information about that service not be shared with your health insurance. I am required to honor this request.
 - 3. Right to Request Confidential Communication:** You may request that I contact you in a specific way (e.g., by phone, email, or mail) or at a specific location. I will accommodate all reasonable requests.
 - 4. Right to Access Your Records:** You have the right to view or receive a copy (paper or electronic) of your health records, excluding psychotherapy notes as defined under federal law. Upon written request, I will provide access within 30 days. A reasonable, cost-based fee may apply.
 - 5. Right to Request an Amendment:** If you believe any information in your record is incorrect or incomplete, you can request a correction. I may deny the request, but I will explain the reason in writing within 60 days.
 - 6. Right to a Copy of This Notice:** You can request a paper or electronic copy of this Notice at any time, even if you have already received it electronically.
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Acknowledgment of Receipt

Under HIPAA, you have rights concerning the use and disclosure of your health information. **By signing below, you are acknowledging that you have received, read, and understood this Notice of Privacy Practices.**