

BEZZIO COUNSELING, PLLC

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WASHINGTON STATE LICENSED MENTAL HEALTH COUNSELOR

LICENSE # LH00011289

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBE HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. State and federal law protects the confidentiality of this information. "Protected Health Information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Your Rights Regarding Your PHI.

You have the following rights regarding PHI I maintain about you.

Right of Access to Inspect and Copy. You have the Right, which may be restricted only in certain circumstances, to inspect and copy PHI that may be used to make decisions about your care. I may charge a reasonable, cost-based fee for copies.

Right to Amend. If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information, although I am not required to agree 1D the amendment

Right to an Accounting of Disclosures. You have the right to request a copy of the required accounting of disclosures that I make of your PHI.

Right to Request Restrictions. You have the right to request a restriction or limitation on the me of your PHI for treatment, payment or health care operations. I am not required to agree to your request.

Request to Confidential Communication. You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. I will accommodate reasonable requests and will not ask why you are making the request.

Right to a Copy of this Notice. You have the right to a paper copy of this notice.

Right to Complaint. You have the right to file a complaint in writing with me or with the Secretary of Health and Human Services if you believe I have violated your privacy rights. I will not retaliate against you for filing a complaint.

My Uses and Disclosures of PHI for Treatment, Payment, and Health Care Operations.

Treatment. Your PHI may be used and disclosed by me for the purpose of Providing, coordinate, or managing your health care treatment and any related services. This may include coordination or management of your health care with a third party, consultation with other health care providers or referral to another provider for health care services.

Payment. I will not use your PHI to obtain payment for your health care services without your written authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

Health Care Operations. I may use and disclose, as needed, your PHI to support the business activities of my professional practice. Such disclosures could be to others for health care education, or to provide planning, quality assurance, peer review, administrative, legal, or financial services to assist in the delivery of health care, provided I have a written contract requiring the recipient(s) to safeguard the privacy of your PHI. I may also contact you to remind you of your appointments, inform you of treatment alternatives and/or health-related products or services that may be of interest to you.

Other Uses and Disclosures That Do Not Require Your Authorization or Opportunity to Object.

Required by Law. I may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports and law enforcement reports. I also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Health Oversight. I may disclose PHI to a health oversight agency for activities authorized by law, such as professional licensure. Oversight agencies also include government agencies and organizations that provide financial assistance to me (such as third-party payer). I may change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will make available a revised Notice of Privacy Practices by sending a copy to you in the mail upon request, or providing one to you at your next appointment.

Complaints. If you believe I have violated your privacy rights, you may file a complaint in writing to me, as my own Privacy Officer at the address specified on the first page of this notice. I will not retaliate against you for filing a complaint. You may also file a complaint with the

U.S. Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington DC 20201
(202) 619-0257 or (877) 696-6775

Client's Initial of Receipt

Date

The effective date of this notice is April 14, 2003