



NOTICE OF PRIVACY PRACTICES

Washington law requires the Department of Health (DOH) to protect health records in our possession. If you receive services through Brighter Connections Counseling, federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), also protects your health information. In addition, HIPAA requires that I provide you this Notice of Privacy Rights. It lets you know how I may use and disclose your health information and your rights regarding the health information I have in my possession.

HEALTH INFORMATION THAT I MAINTAIN ABOUT YOU

I maintain records of:

- ❖ Your name and (if different) the name and relationship of the person receiving mental health treatment
- ❖ Your mailing address
- ❖ Your telephone number(s)
- ❖ Your (or the patient's, if different) mental health diagnosis, intake evaluation, treatment plan, releases of information, record of contacts made for collaboration of treatment, and brief summaries of treatment sessions

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- ❖ request restrictions on certain uses and disclosures (DOH is not required to agree to the restriction)
- ❖ receive communications of protected health information by alternative means or at alternative locations
- ❖ inspect, copy and request to amend your protected health information held at Brighter Connections Counseling
- ❖ receive an accounting of certain disclosures (of your protected health information)
- ❖ receive a paper copy of this notice even if you have received it electronically

HOW I USE AND DISCLOSE YOUR HEALTH INFORMATION

I only use or disclose your health information as state and federal laws require or permit. In some cases, the law requires that you authorize the disclosure. In other cases, the law allows me to disclose your health information without your authorization.

USES AND DISCLOSURES NOT REQUIRING YOUR AUTHORIZATION

Treatment: I may use your health information for our treatment activities, such as disclosing it to other healthcare providers.

Healthcare Operations: I may use and disclose your health information to manage program operations, such as reviewing the quality of services you receive.

Business Associates: I may disclose your health information to organizations that help me with my work, such as the billing service we use to process payments. We have a written agreement that requires these organizations to use your health information for only the reasons necessary to do the work, and protect it from other uses or disclosures.



BRIGHTER
CONNECTIONS
Counseling, LLC

To Contact You: We may use the information in your health records to contact you if we have information about mental health treatment or other health-related benefits and services that may be of interest to you.

Other Permitted Uses and Disclosures

HIPAA specifically permits me to use or disclose your health information for other purposes without your consent or authorization. Such disclosures are rare, and the limited information I maintain is generally not applicable. However, when authorized by law, and to the extent I may have the information, HIPAA permits me to disclose it to:

- ❖ comply with the requirements of federal, state, or local laws, court orders or other lawful process and for administrative or court proceedings
- ❖ report a public health authority for the purpose of preventing or controlling disease, injury, or disability
- ❖ report to the FDA for the quality, safety or effectiveness of FDA-regulated products or activities
- ❖ notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition
- ❖ report abuse, neglect or domestic violence to a government authority
- ❖ provide necessary information to a health oversight agency for activities such as audits, investigations, inspections, licensure of the healthcare system, government benefit programs and regulated entities
- ❖ a law enforcement official for specified law enforcement purposes
- ❖ coroners or medical examiners for identification or determining cause of death
- ❖ funeral directors to carry out their duties with respect to the decedent
- ❖ organ procurement organizations for facilitating donation and transplantation
- ❖ researchers conducting studies approved by an Institutional Review Board
- ❖ prevent or lessen a serious and imminent threat to the health of safety of a person or the public
- ❖ authorized federal officials for specialized government functions such as military and veterans activities; national security and intelligence activities; protective services for the president; medical suitability determinations; correctional institutions; government entities providing public benefits and
- ❖ comply with workers' compensation laws

USES AND DISCLOSURES WITH YOUR AUTHORIZATION:

Other uses and disclosures of your personal information require your written authorization. You may revoke your authorization at any time by doing so in writing.

CONTACT INFORMATION

If you want additional information about our privacy practices or if you believe Brighter Connections Counseling has violated your privacy rights, you may file a complaint by contacting the Department of Health Privacy Official, PO BOX 47890, Olympia, WA 98504-7890 or by email at dohprivacyofficial@doh.wa.gov. You may also file a complaint with the Federal Office for Civil Rights. DOH does not retaliate against people who file a complaint.

The privacy contact person is Olivia White (at the contact information below). Brighter Connections Counseling will never market or sell personal information. Effective date of this Notice is April 25, 2021.