

Alexandra Murphy, Ph.D.
HIPAA & Notice of Privacy Practices

NOTICE:

I keep a record of the health care services I provide you. You may ask me to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. You may see your record or get more information about it at PO Box 1602, Port Townsend, WA 98368.

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

Psychologist's Duties

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

Uses and Disclosures of Health Information

Evaluation and Treatment, Payment, and Healthcare Operations. I may *use* or *disclose* your *protected health information (PHI)*, for *evaluation and treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Evaluation and Treatment*” is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist. “*Payment*” is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. “*Health Care Operations*” are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within my practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my practice such as releasing, transferring, or providing access to information about you to other parties.

Your Authorization. I may use or disclose PHI for purposes outside of evaluation and treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances, when I am asked for information for purposes outside of evaluation and treatment, payment, and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization

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before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Marketing Purposes. I will not use your health information for marketing purposes. I will not sell your PHI in the regular course of my business. Please note that if I receive payment for services through use of a credit card, it is possible that your credit card company may sell their client list to organizations specializing in self-help or other related products.

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Serious Threat to Health or Safety:** I may disclose your confidential health information to any person without authorization if I believe that disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Persons Involved in Your Care.** I may use or disclose health information to notify, or assist in the notification of a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, I will provide you with an opportunity to express concerns to such use or disclosures. In the event of your incapacity or emergency circumstances, I will disclose health information based on a determination using my professional judgment disclosing only health information that is directly relevant to the person’s involvement in your healthcare. I will also use my professional judgment and my experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up health information.
- **Appointment Reminders:** I may disclose your health information to provide you with appointment reminders (such as voicemail messages, emails, postcards, or letters) as requested.
- **Abuse or Neglect:** If I have reasonable cause to believe that a child 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. If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the Washington Department of Social and Health Services. If I have reason to suspect that sexual or physical assault has occurred, I must immediately report to the appropriate law enforcement agency and to the Department of Social and Health Services.
- **Health Oversight:** If the Washington Examining Board of Psychology subpoenas me as part of its investigations, hearings or proceedings relating to the discipline, issuance or denial of licensure of state licensed psychologists, I must comply with its orders. This could include disclosing your relevant mental health information.
- **Deceased Clients.** I may disclose PHI regarding deceased clients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided to you and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Worker’s Compensation:** If you file a worker's compensation claim, with certain exceptions, I must make available, at any stage of the proceedings, all mental health information in my possession relevant to that

particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

- **Law Enforcement Purposes.** I may be authorized to disclose your PHI to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions: (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) to identify or locate a suspect, fugitive, material witness, or missing person, (3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime, (4) to alert law enforcement of a person's death, if I suspect that criminal activity caused the death, (5) when I believe that protected health information is evidence of a crime that occurred on my premises; and (6) in a medical emergency not occurring on my premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.
- **National Security.** I may disclose military authorities the health information of Armed Forces under certain circumstances. I may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. I may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmates or patients certain circumstances.
- **Psychotherapy Notes.** If kept as separate records, I must obtain your authorization to use or disclose psychotherapy notes with the following exceptions: For my use in treating you, for my use in training or supervising mental health practitioners to improve their skills, for my use in my own training, for my use in defending myself in legal proceedings instituted by you, as required by the Washington Department of Health or the US Department of Health and Human Services to investigate or determine my compliance with applicable regulations or to a health oversight agency for lawful oversight, as required or permitted by law (limited to the requirements of such law), for the lawful activities of a coroner or medical examiner or as otherwise required by law or valid court order, and as required to help avert a serious threat to anyone's health or safety.

Patient's Rights

- **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of protected health information about you. Your request for restrictions must be in writing. However, I am not required to agree to a restriction you request. You also have the right to restrict certain disclosures of your PHI to your health plan if you pay out of pocket in full for the health care I provide to you.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations.** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. I will accommodate reasonable written requests. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)
- **Right to Inspect and Copy.** You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- **Right to Amend.** You have the right to request, in writing, an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- **Right to an Accounting.** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. On your written request, I will discuss with you the details of the accounting process.
- **Right to a Paper Copy.** You have the right to obtain a paper copy of the notice from me upon written request, even if you have agreed to receive the notice electronically.
- **Right to Notice of Breach.** You have the right to be notified of any known breach of your unsecured PHI.
- **Right to Opt Out.** You have the right to choose not to receive fundraising communications. However, I will not contact you for fundraising purposes.

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Questions and Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact the Examining Board for Psychology, Department of Health, Olympia WA 98504 or visit HHS.gov You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

I act as my own Privacy and Security Officer. If you have any questions about this Notice of Privacy Practices, please contact me:

Alexandra Murphy, PhD

PO Box 1602

Port Townsend, WA 98368

Telephone: 360-726-2367

Email: drmurphy@alexandramurphyphd.com

Effective Date, Restrictions and Changes to Privacy Policy

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail at the address provided on your client intake form.

The effective date of this notice is November 1st, 2021.