



**GARY MAYNE M.A. LMHCA  
NOTICE OF PRIVACY PRACTICES**

Prior to the Federal Health Insurance Portability and Accountability Act (HIPAA), client records and communications were already completely private. More specifically be aware of the following:

FAX communication is not considered “electronic” transmission of data unless connected to a computer. You are entitled to know how and what of your private health information (PHI) I am disclosing to your provider of coverage. Claim information identifies your demographics, diagnostic code(s), dates of service, and occasionally upon request by the insurer a case note for a particular date of service may be sent to the insurance company. In the event that I may accept credit or debit cards, the credit card information would be used for the transaction with the credit or debit card issuer. I do my own billing. I am under the supervision of Patricia Swanson MA LMFT-LMHC, so your PHI may be seen by her when reviewing files and paperwork.

**Your rights regarding your PHI (Protected Health Information):**

- The right to request restrictions on certain uses and disclosures of PHI, including those allowed by a Release of Information which you have signed. The law requires that if you disclose that you are in grave danger or intent to harm yourself or another, or have been so harmed or have harmed another, that it will be reported, as appropriate, and in that case this right does not apply.
- The right to request to receive confidential communications of PHI from us by alternative means or alternative locations.
- The right to access, inspect and copy your PHI (without disrupting the rights of others) by requesting a time to do so.
- The right to request an amendment to your PHI.
- The right to receive an accounting of disclosures of your PHI outside of treatment, payment, and healthcare operations
- The right to obtain a paper copy of this notice from me upon request.
- The right to make a formal complaint (see page 3). You may file a complaint in writing to 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 making such a complaint.*

**Possible uses by and disclosures of PHI by me for treatment, payment, and health care operations:**

- The HIPAA of 1996 requires all **health care records** and other individually identifiable health information used or disclosed to us in any form, whether electronically, on

paper, or verbally transmitted, be kept confidential. You may control how your PHI is used. HIPAA penalizes the misuse of such information.

- Without specific written authorization (as in the Release of Information form), I am permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations only as follow:

**Treatment** means providing, coordinating or managing health care and related services by me or another mental health professional I may advise about your case who can cover while I am away, so that you may access services in my absence (I would give a first name and synopsis of the case to the provider). My supervisor who I seek advice from will know only the details of your case without identifying information. An insurance company, EAP, or Tricare may require greater detail from your record, such as treatment plan, progress made and the diagnoses, for the purposes of covering the counseling services. The Client Disclosure form you sign to begin treatment covers the release of information to the specific insurance or employee assistance or Tricare program that covers your service by me.

**Health care operations & Payment** means if I have the luxury of a receptionist, that person also may know your PHI to a limited extent, as well as my biller/practice manager and her staff person(s). For the operations end, I will need your social security number in addition to your insurance information. This means your name, diagnoses, dates of service, payments and bank/credit numbers (I do not presently take credit or debit cards) for payments made would be known by such people to collect payment, which could include bill collection as well as other healthcare coverage entities.

Unless you indicate otherwise, no information about your coming to appointments here or the content of any such appointments or calls or emails between us will be shared with any other person without a **Release of Information form** signed by you, except as stated above. My computer email and client files are locked in three ways when I am away from my office. Please be advised that email is not guaranteed to be secure, so if you prefer, we do not need to discuss your insurance specifics by email. I do not do email counseling. If you do wish information be shared with a teacher, other counselor, physician, family member, etc., you must sign a Release of Information form specifying the information to be shared and with whom and for how long (not beyond 90 days) . You may revoke it in writing, and I must abide by the request except where I have already taken action on the release form.

**Other uses and disclosures that do not require your authorization or opportunity to object:**

**Required by Law.** I may disclose your PHI when use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law; for example: public health reports, abuse and neglect reports, law enforcement reports, reports to coroners or medical examiners in connection with death investigations. 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 Law.

**Health Oversight.** I may disclose your PHI to a health oversight agency for activities authorized by law, such as my professional licensure. Such include government agencies and organizations that audit their payments to me based on contracted service arrangements. Your counseling record may be opened to them for such oversight.

**Threat to the health or safety of you or any other individual.** I may disclose your PHI when necessary to minimize an imminent danger to the health or safety of you or any other individual.

**Appointment Communication.** I may use your PHI to contact you to discuss our appointment time. I will not leave a message if you direct me not to. You can indicate this on your Intake Form, Page 1.

**Business Associate(s).** I may disclose your PHI to my biller/office manager who is contracted by me to perform health care operations or payment activities, involving collection, use or disclosure of your PHI. My contract with her or them requires them to safeguard the privacy of your PHI.

**Compulsory Process.** I will disclose your PHI if a court of competent jurisdiction issues an appropriate order. I will disclose your PHI if: 1) you and I have each been notified in writing at least 14 days in advance of a subpoena or other legal demand, identifying the PHI sought, and the date by which a protective order must be obtained to avoid my compliance, 2) no qualified judicial or administrative protective order has been obtained, 3) I have received satisfactory assurances that you received notice of an opportunity to have limited or quashed the discovery demand, and (4) such time has elapsed.

**Uses and disclosures of PHI with your written authorization**

I will make other uses and disclosures of your PHI only with your written authorization (by a Release of Information signed by you). You may revoke this authorization in writing at any time, unless I have taken a substantial action in reliance on the authorization such as providing you with health care services for which I must submit subsequent claim(s) for payment.

**Summary of this Notice of Privacy Practices**

In this Notice of Privacy Practices I have informed you of:

Your rights regarding your protected health information (PHI)

How I may use and disclose your PHI

The requirement by law that I maintain the privacy of your PHI

Provision of this notice of my legal duties and privacy practices regarding your PHI

I reserve the right to change the terms of this Notice of Privacy Practices at any time, and any new Notice will be effective for all PHI that I maintain at that time. You would have available to you a revised Notice of Privacy Practices for the asking.

I am required by law to maintain the privacy of your PHI and to provide you with this notice of my legal duties and privacy practices with respect to protected health information. This notice is effective as of 4/14/2003, and I am required to abide by the terms of the Notice of Privacy Practices currently in effect.

In the event of my death, my sister would contact you, my supervisor would close the record.

**Contact Information**

For more information about my Privacy Practices, please ask me: Gary Mayne, M.A. LMHCA at 253-666-7485

Office address of 101 S. L ST. Tacoma, WA 98405

For more HIPAA information or to file a complaint: The U.S. Dept. of Health & Human Services Office of Civil Rights, 200 Independence Avenue SW, Washington, D.C. 20201 Phone 877-696-6775 (toll free).