

**Kitsap Counseling Services, LLC**  
**Diane Sabo, MA, LMCH**  
**P.O. Box 2813, Silverdale WA 98383**  
**360-551-9373**

**Notice of Privacy Practices**

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

The Health Insurance Portability and Accountability Act (HIPAA) mandates the protection and confidential handling of protected healthcare information. This statement informs you of your rights regarding your healthcare information under HIPAA. Your health information includes any information that I record or receive about your past, present, and future healthcare. HIPAA regulations require that I maintain this privacy and provide you a copy of this statement.

*Record keeping practices.* Standard practice requires me to keep a record of your treatment. This includes relevant data about dates of service, payments for service, insurance billing, and relevant treatment information. This record of treatment is your protected health information (PHI). I may use or disclose your PHI for payment, treatment, and healthcare operation purposes:

- *Treatment:* I may use or disclose your PHI to coordinate or manage your treatment. An example of treatment would be when I consult with another healthcare provider or therapist. Consultation with colleagues is an important means of ensuring and maintaining the competence of my work. APA ethical standards permit discussion of client information with colleagues without prior consent as long as the identity of the client can be adequately protected. In some instances, the obligation to provide the highest quality service may require consultation that reveals a person's identity without prior consent; such disclosures occur only when it cannot be avoided and I only disclose information that is necessary.
- *Payment:* I will disclose your PHI if you request that I bill a third party. An example of payment is when I disclose your PHI to your health insurer to obtain reimbursement or to determine eligibility or coverage. If your account with me is unpaid and we have not arranged a payment plan, I can use legal means to get paid – the only information I will give to the court, a collection agency, or a lawyer will be your name and address, the dates we met, and the amount you owe me.
- *Healthcare operations:* I may disclose your PHI during activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment activities, case management, audits, and administrative services.

*Uses and disclosures that do not require your authorization or an opportunity to object.* You have the right to confidentiality. Under most circumstances, I cannot release any information to anyone without your prior written permission, and you can change your mind and revoke that permission at any time. The following are legal exceptions to your right to confidentiality. I will do my best to inform you of any time I have to break confidentiality.

- *Abuse and threat to health:* In the instance when you or someone else is in imminent danger of harm I may disclose your PHI for the purpose of safety.
  - a. If I have good reason to believe that you will imminently and seriously harm another person, I may legally give this information to the police or the disclosed victim.
  - b. If I believe you are in imminent danger of harming yourself, I may legally break confidentiality by calling the police, calling the county crisis team, or contacting your family.
  - c. In an emergency where your life is in danger, and I cannot get your consent, I may give another professional some information to protect your life.
  - d. If I have reasonable cause to believe that a child or vulnerable adult 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 within 48 hours.
- *Criminal activity:* I may disclose your PHI to law enforcement officials if you have committed a crime on my premises or against me.
- *Court proceedings:* I may be required to disclose your PHI if a court of competent jurisdiction issues an appropriate order. I will comply with this order if (a) you and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, (b) no protective order has been obtained, and (c) I have satisfactory assurances that you have received notice of an opportunity to have limited or quashed the discovery demand. In these cases, I am required to submit information to the court unless I have reason to believe that this disclosure will harm the client.

*Your rights regarding your protected health information*

1. You have the right to inspect and copy your PHI, which may be restricted in certain limited circumstances, for as long as I maintain it. I will charge you a reasonable cost-based fee for copies.
2. You have the right to ask that I amend your record if you feel that the PHI is incorrect or incomplete. I am not required to amend it; however, you have the right to file a statement of disagreement with me, to which I am allowed to prepare a rebuttal and it will all go into your record.
3. You have the right to request the required accounting of disclosures that I make regarding your PHI. This documents any non-routine disclosures made for purposes other than your treatment, as well as disclosures made pertaining to your treatment for purposes of quality of care.
4. You have the right to request a restriction or limitation on the use of your PHI for treatment, payment, or operations of my practice. I am not required to agree to your request; and in instances where I believe it is in the best interest of quality care, I will not honor your request.
5. You have the right to request confidential communication with me. An example of this might be to send your mail to another address or not call you at home. I will accommodate reasonable requests and will not ask why you are making the request.

6. If you believe I have violated your privacy rights you have the right to file a complaint in writing with me and/or the Secretary of Health and Human Services. I will not retaliate against you for filing a complaint.
7. You have the right to have a paper copy of this disclosure.

*Children.* When I treat children 12 and under, the parents or guardians have access to the child's PHI.

*Couple and family therapy.* In the case of couple and family therapy, I reserve the right to discuss information with other members involved in the therapy that you have shared if I believe it helps facilitate the achievement of the goals set forth in therapy. In most cases, I will not reveal secrets but instead will help you speak to your family about it – if it is necessary for therapy to progress.

*See each other in public.* If I see you in outside of therapy (e.g., the grocery store), I will protect your confidentiality by not acknowledging that I know you. However, you are free to initiate communication if you choose to do so.

*Email and text.* If you elect to communicate with me by email or phone text, please be aware that email and phone text are not completely confidential. And please be aware that I may not be able to respond quickly to your emails or texts.

These confidentiality rules apply after the death of the client. The privilege passes to the executor or legal representative of the client.

The following uses and disclosures of PHI will be made only with a client's (or authorized representative's) written authorization: 1) most uses and disclosures of psychotherapy notes, if applicable; 2) uses and disclosures of PHI for marketing purposes; 3) uses and disclosures that constitute a sale of PHI; and 4) other uses and disclosures not described in the Notice of Privacy Practices. Individuals will be notified if there is a breach of unsecured PHI. You have the right to restrict certain information to health plans when you pay out-of-pocket. Additionally, if I intend to send fundraising communications to you, I must specify this and give you the right to opt out of the fundraising communications.

*Contact Information:* I am my own Privacy Officer; so if you have any questions about this Notice of Privacy Practices, please contact me:

Diane M. Sabo, MA, LMHC  
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360-551-9373  
P.O. Box 2813, Silverdale WA 98383

Acknowledgment of Disclosure/Notice of Privacy Practices

Please sign below to show you have received a copy of this Professional Disclosure Statement and Notice of Privacy Practices and have read and understand the information provided.

\_\_\_\_\_  
Client Date

\_\_\_\_\_  
Client Date

\_\_\_\_\_  
Parent or Legal Guardian (if patient under age 18) Date

\_\_\_\_\_  
Witness Date

Informed Consent for Treatment

I am requesting mental health services for myself or for my child (circle appropriate choice). I have been provided information regarding office policies, including fees, missed appointments or late cancellations, the right to refuse treatment, choosing the best treatment provider, extent of confidentiality, and professional information about Diane Sabo. If the patient is under the age of eighteen or unable to consent to treatment, I attest that I have legal custody of this individual and am authorized to initiate and consent to treatment and/or legally authorized to initiate and consent to treatment on behalf of this individual.

\_\_\_\_\_  
Client Date

\_\_\_\_\_  
Client Date

\_\_\_\_\_  
Parent or Legal Guardian Date

\_\_\_\_\_  
Relationship to Patient (if applicable)