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## **Your Information. Your Rights. My Responsibilities.**

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This notice describes how mental health information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic mental health record
- Correct your paper or electronic mental health record
- Request confidential communication
- Ask to limit the information I share
- Get a list of those with whom I've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that I use and share information as I:

- Tell family and friends about your condition
- Provide mental health care

### **Our Uses and Disclosures**

I may use and share your information as I:

- Treat you
- Help with public health and safety issues
- Comply with the law
- Respond to lawsuits and legal actions

# Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of my responsibilities to help you.

## **Get an electronic or paper copy of your mental health record**

- You can ask to view a copy of your mental health record. Ask me how to do this.
- I will provide summary of your mental health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

## **Ask me to correct your mental health record**

- You can ask me to correct mental health information about you that you think is incorrect or incomplete. Ask me how to do this.
- I may say “no” to your request, but I’ll tell you why in writing within 60 days.

## **Request confidential communications**

- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- I will say “yes” to all reasonable requests.

## **Ask me to limit what I use or share**

- You can ask me not to use or share certain health information for treatment, payment, or operations. I am not required to agree to your request, and I may say “no” if it would affect your care.

## **Get a list of those with whom I’ve shared information**

- You can ask for a list (accounting) of the times I’ve shared your health information for six years prior to the date you ask, who I shared it with, and why.
- I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). I may charge a reasonable, cost-based fee to fulfill this request.

## **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

## **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- I will make sure the person has this authority and can act for you before we take any action.

## **File a complaint if you feel your rights are violated**

- You can complain, if you feel I have violated your rights, by contacting me using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- I will not retaliate against you for filing a complaint.

## Your Choices

**For certain mental health information, you can tell me your choices about what I share.** If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.

In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases I never share your information unless you give me written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

## Uses and Disclosures

### How do I typically use or share your mental health information?

I typically use or share your health information in the following ways.

#### Treat you

I can use your health information and share it with other professionals who are treating you if you have signed a release of information for me to do so.

#### Run my practice

I can use and share your health information to run my practice, improve your care, and contact you when necessary.

*Example: I use health information about you to manage your treatment and services.*

### How else can I use or share your mental health information?

I am allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### Help with public health and safety issues

I can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Comply with the law**

I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I am complying with federal privacy law.

## **Respond to lawsuits and legal actions**

I can share mental health information about you in response to a court or administrative order, or in response to a subpoena.

## **My Responsibilities**

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

I can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

## **Other Instructions for Notice**

- Effective January 1, 2016
- Please refer to your Client Agreement for further details on confidentiality