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**Bellefield Office Park ~ Cedar Bldg**  
**1400 112th Ave. S.E., Suite**  
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## **NOTICE OF PRIVACY PRACTICES**

*THIS NOTICE DESCRIBES HOW CLINICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.*

*PLEASE REVIEW CAREFULLY.*

If you have any questions about this notice, please contact Teresa La Fleur at 425.681.1528. Or write to:  
Bellefield Office Park – Cedar Bldg, 1400 112<sup>th</sup> Ave. S.E. Suite 202, Bellevue, WA 98004.

This notice describes the information privacy practices followed by my employees, staff and other office personnel. Your privacy is protected by law. I serve as my own Privacy Officer.

### **YOUR HEALTH INFORMATION:**

This notice applies to the information and records I have about your health, health status, and the health care and service you receive at this office. Your health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information. I am required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

### **HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.**

I may use and disclose health information for the following purposes:

**For Treatment:** I may use health information about you to provide you with clinical treatment or services. I may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

**For Health Care Operations, consultation, and supervision:** I may use and disclose health information about you in order to run my office more efficiently and to make sure that you and our other patients receive quality care. For example, I may use your health information to evaluate my performance in caring for you through consultation and supervision. I may also disclose your health information to health plans that provide you insurance coverage (should you try and seek reimbursement) and other health care providers that care for you.

**Appointment Reminders:** I may contact you as a reminder that you have an appointment for treatment or clinical care at this office.

**Treatment Alternatives:** I may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Products and Services:** I may tell you about health-related products or services that may be of interest to you.

Please notify me if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise me in writing (at the address listed at the top of this notice) that you do not wish to receive such communications, I will not use or disclose your information for these purposes.

### **SPECIAL SITUATIONS**

I may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

**Child Abuse:** I am required to report all suspected cases of physical and/or sexual abuse or neglect of children to the Department of Human Services (DHS).

**Elder Abuse:** I am required to report suspected cases of elder abuse or neglect to the Senior & Disabled Services Division.

**Serious Threat to Health or Safety:** I may use and disclose health information about you when necessary to prevent a clear and substantial risk of harm being inflicted by you on yourself or another person. When there is a clear and substantial risk of harm to another individual I am required to warn law enforcement officials and the intended victim.

**Workers' Compensation:** If you file a worker's compensation claim, this constitutes authorization for me to release relevant mental health records to involved parties and officials.

**Health Oversight Activities:** I may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, I may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, I may also disclose health information about you in response to a subpoena.

**Law Enforcement:** I may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

**Information Not Personally Identifiable:** I may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

**Research:** If you were to sign a consent form to participate in a research study, I might use and disclose health information about you for research projects that are subject to the approval process specified in the consent form. This does not apply to you if you have not been asked to participate in a research study.

#### OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

I will not obtain, use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. If you give me Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, I will no longer obtain, use or disclose information about you for the reasons covered by your written Authorization, but I cannot take back any uses or disclosures already made with your permission.

#### YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:

You have the following rights regarding health information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy your health information, such as clinical and billing records, that we keep and use to make decisions about your care. You must submit a written request to Teresa La Fleur, MA in order to inspect and/or copy records of your health information. If you request a copy of the information, I may charge a fee for the costs of copying, mailing or other associated supplies. I may deny your request to inspect and/or copy in certain limited circumstances. If you are denied copies of or access to health information that we keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed we will select a licensed health care professional to review your request and my denial. The person conducting the review will not be the person who denied your request, and I will comply with the outcome of the review.

**Right to Amend:** If you believe health information I have about you is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, request, complete and submit a CLINICAL RECORD AMENDMENT/CORRECTION FORM to Teresa La Fleur, MA.

I may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, I may deny your request if you ask me to amend information that I did not create.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures I made of clinical information about you for purposes other than treatment, payment, health care operations, and a limited number of special circumstances involving national security, correctional institutions and law enforcement. The list will also exclude any disclosures I have made based on your written authorization. To obtain this list, you must submit your request in writing to Teresa La Fleur, MA. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free.

For additional lists, I may charge you for the costs of providing the list. I will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information I use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information I disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. I am not required to agree to your request. If I do agree, I will comply with your request unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communications:** You have the right to request that I communicate with you about clinical matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail. I will not ask you the reason for your request. I will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with my office, contact Teresa La Fleur MA, 425.681.1528, 1400 112<sup>th</sup> Ave. S.E. Suite 202, Bellevue, WA 98004. If you request assistance filling out the complaint forms, someone will be assigned to help you. You will not be penalized for filing a complaint. If you have any questions about my privacy practices, please ask for clarification. If you require further clarification at any time, please contact me.