

Sacred Flame Healing Services, PLLC

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****HIPAA and Washington State Notice of Rights and Privacy Practices****

THE FOLLOWING NOTICE DESCRIBES HOW YOUR PRIVATE HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I keep a record of all the health care services that I provide. I need this record to provide you with quality care and to comply with certain legal requirements. You may ask to see your record or ask for a copy of your record at any time. I am required to provide you with this notice, and I reserve the right to change the terms of this notice at any time. As a licensed health care provider, I am ethically and legally obligated to uphold the standards set forth in this notice of privacy practices including all of your rights mentioned. Your health information is protected by the state of Washington and Federal HIPAA laws. Protected Health Information (PHI) includes any information pertaining to you and any of your previous, current, or future health care treatment. I will not disclose any PHI unless you direct me to do so or unless the law compels me to do so. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your right to the health information I maintain pertaining to you, and describe certain obligations that I have regarding the use and disclosure of your health information.

I am required by law to:

- Ensure that any 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.

HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION:

The following categories describe different ways that I may use or disclose your health information. For each category of uses or disclosures, I will explain further and provide some examples. Although not every use or disclosure in a category will be listed, all of the ways that I am permitted to use and disclose your information will fall into one of these categories

Payment, Treatment, and Health Care Operations. I am legally permitted to disclose your health care information if necessary for treatment, payment, and health care operation purposes. Although this is a rare occurrence, there are cases in which I may have to provide some of your health information to your health care provider if they request such information to justify treatment and payment for ongoing services. Further, with the goal of providing the highest quality of services, I consult with other licensed health care professionals with extensive clinical expertise on an ongoing basis and I may seek consultation on your case which would involve me disclosing some of your personal information for the purpose of assisting me in your treatment. Additionally, I may disclose your PHI in activities which support the operation of my health care practice including: planning, quality service assurance, government enforced audits, peer review, as well as any legal, administrative, and financial services which assist in the delivery of health care services. I may send you appointment reminders. I may also send emails including information regarding health care services.

In Compliance with State or Federal Law. If you are currently involved in any legal proceedings, I may be court ordered to comply with State or Federal law and provide information regarding your health record. In the case of any health oversight activities such as an audit, investigation, or inspection, I may have to disclose any PHI that are relevant to the legal proceedings. I may have to disclose PHI to coroners or medical examiners if they are conducting duties authorized by the law. I am required by law to disclose your PHI in response to any official request for information regarding any crime, victim of a crime, or suspected victim of a crime.

Psychotherapy Notes. Without your authorization, I may use or disclose your PHI contained in my psychotherapy notes to assist in my professional training, legal or administrative proceedings, requests by the Washington State Department of Health or the US Department of Health and Human Services, to prevent any imminent threat to any person's health or safety, and for any lawful activity conducted by coroners or medical examiners.

Worker's Compensation. I may provide your PHI to comply with worker's compensation laws and my preference is to obtain authorization from you in these cases. If you file for worker's compensation, I may have to provide PHI if requested.

Government Functions. I may disclose your PHI to assist with government functions including ensuring the execution of military missions, conducting intelligence or counter-intelligence operations, protecting the President of the United States, or, supporting the safety of those officials working within government institutions.

Research. I may disclose your PHI for research purposes if: 1) An Institutional Review Board grants approval for such research and use of your private information, and 2) The research has protocols in place to protect your PHI and also agree to uphold the privacy of your PHI in accordance with current State and Federal Laws.

USES AND DISCLOSURE OF YOUR INFORMATION THAT REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. I strive to maintain accurate and timely psychotherapy notes documenting all services provided to you. Any use or disclosure of your psychotherapy notes requires your written authorization, unless:

1. For the use in your treatment

2. For the use of training or supervision with other licensed mental health professionals whom are also legally and ethically mandated to protect the privacy of your PHI

3. For the use of my defense in any legal action initiated by you

4. For the Secretary of Health and Human Services in any investigation of my

compliance with HIPAA regulations

5. Required by law and the use and disclosure is limited to what is necessary to meet the legal requirement

6. Required by law for any health oversight activities such as audits or investigations including the review of psychotherapy notes

7. Required by a coroner or medical examiner to conduct legal duties

8. Required to avert a potential threat to the health and safety of others

B) Marketing Purposes. I will not use or disclose your PHI for marketing purposes.

C) Sale of PHI. I will not sell your PHI in the course of my business.

LIMITS TO CONFIDENTIALITY REQUIRING IMMEDIATE LEGAL ACTION:

1. Duty to Warn. In the case that I am informed that there may be a serious threat to the health or safety of any person, I am obligated to warn the potential victim for their own safety.
2. Danger to Self. If you disclose that you are planning to harm or kill yourself, it is my legal obligation to attempt to intervene and take necessary action to prevent harm to yourself.
3. Abuse or Neglect. If I am informed of any current abuse or neglect towards a child, elderly person, or adult with disabilities, I will report this to the appropriate legal authorities immediately.

YOUR INDIVIDUAL RIGHTS RELATED WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION:

Right to Access and Copy. You have the right to request access to any of your health or billing records. You may also request a copy of any of your records at any time. I will provide you with a paper or electronic copy of your records within 30 days of your request.

Right to Amend. You have the right to request in writing that I amend your PHI should you find that there is a mistake or missing information from your record. I will respond to your request to amend your PHI within 10 days of receiving it. I maintain the right to deny your request for an amendment. In the case that I deny your request, you have a right to file a statement of disagreement. I may offer a rebuttal to your statement of disagreement and I can provide you with with an official rebuttal in writing.

Right to Request Restrictions. You have the right to request that I not disclose any of your information included in your PHI. You may also revoke authorization to your records in writing at any time. Please contact me if you would like to request a restriction on the disclosure of any of your PHI. Additionally, you have the right to restrict the disclosure of your PHI to your heart care provider if you are paying out of pocket for services.

Right to Request Confidential Communication. You have the right to request confidential communication from an alternative means or location. For example, you may request that I direct all communication to your personal cell phone number instead of your home phone number for privacy reasons. I will accommodate reasonable written requests for alternative confidential communication. Please contact me if you would like to request alternative confidential communication.

Right to Opt Out. You have the right to opt out of any communication related to fund-raising. I will not contact you for any fund-raising purposes. Additionally, I will not use or disclose your PHI for any marketing purposes.

Right to be Notified of Breach. In the case of any breach of privacy which could threaten the disclosure of your PHI, I will notify you immediately.

Right to a File a Complaint. If you have a complaint regarding any services that you receive from Sacred Flame Healing Services, PLLC or you believe that I have violated your privacy rights, you may direct that to me as the appointed Privacy Officer or you may file a written complaint directly to the Washington State Department of Health or the US Secretary of Health and Human Services. I will not retaliate against you in any way for filing a complaint.

Contact. If you have any questions or comments about this notice of privacy practices or if you believe that your rights have been violated in any way, please contact me directly:

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Effective Date. This notice is issued by Sacred Flame Healing Services, PLLC, and is effective as of April 3, 2021.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your private health information (PHI). By checking the box below, you are acknowledging that you have received a copy of a HIPAA notice of privacy practices.

By checking the box below, you are authorizing that you have read, understood, and agree to the notice of privacy practices stated in this document and put forth by Sacred Flame Healing Services, PLLC.