

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.

**NOTICE OF PRIVACY PRACTICES  
ICARD, PLLC**

701 W. 7th Ave, Suite 130 Spokane WA 99204 Phone: 509-838-3932 Fax: 509-838-1163

This business, ICARD, PLLC, and its providers are required by law to maintain the privacy of your protected health information (PHI) [RCW 18.83.110, RCW 70.02.020 and RCW 70.02.230]. This Notice tells you how we use and disclose your PHI. This Notice also outlines your rights and our legal obligations under the Health Insurance Portability and Accountability Act (HIPAA). This updated Notice is effective as of its date of revision noted below.

**What is PHI?** We keep a record of the health care services we provide you. The information we have in your record is considered PHI, or Protected Health Information. PHI generally refers to any information in a medical record that can be used to identify an individual, and that was created, used, or disclosed in the course of providing a health care service, such as a diagnosis or treatment. PHI may include demographic information (name, address, phone number, etc), medical history, test and laboratory results, your treatment plan, diagnoses, insurance information, financial information, and any mental and physical health information from other providers that we collect to determine appropriate care.

**May I see My PHI?** You have a legal right to inspect and receive a copy of your PHI, except for psychotherapy notes and other exceptions provided by law. We are allowed by law to charge you for copying and handling your PHI.

**May I change My PHI?** If you think your PHI is wrong, you may ask us to change or add new PHI. You may also ask that we send any changes to others who have copies of your PHI.

**Who sees my PHI?** The law allows us to use your PHI without your written authorization for the purposes of **treatment payment, and health care operations**, or when required by law. Except in the instances listed below, we will not disclose your record to others unless you direct or allow us to do so with written permission.

**Treatment:** Your therapist may discuss your health with other practitioners within the ICARD, PLLC group with as little PHI as necessary to ensure the highest level of treatment or assessment while maintaining your right to privacy. We may also disclose health information to other providers or persons outside our office who are involved in your care and need the information.

**Payment:** If we are billing insurance for service, we will provide necessary information about you to ICARD, PLLC's billing company so they can file claims on our behalf for your services. All payments for service are routed through ICARD, PLLC owners for accounting and payment purposes.

**Health care operations:** This business is a group private practice which includes mental health and speech language therapy. The office is staffed by ICARD, PLLC owners, independent contractors who rent office space from ICARD, PLLC, and typically an employee, providing general office support. We are each careful to only see the smallest amount of client PHI we need to do our respective jobs. Due to shared office space, there may be limited access to PHI due to shared business office equipment, patient accounting statements to or from insurance companies, and through ICARD, PLLC's billing company, Physician's Choice. Access to your PHI by owners, contractors and employees is on an as necessary basis only. The ICARD, PLLC office support may contact you to arrange services or follow up on paperwork or questions related to scheduling, billing, payment, insurance, or give you information about treatment alternatives or other health related benefits and services.

**What if someone else needs my PHI?** You may be asked to sign a form to let us share your PHI if:

- We need your permission to provide services or care;
- You want us to send your PHI to another agency or provider for reasons not allowed by law without your permission;
- You want PHI sent to someone else, such as your attorney, a relative, or other representative. Your permission to share your PHI is good until the end date you specify. We can only share the PHI you list. You may cancel/ change this permission at any time, except to the extent that we have already upon your authorization.

**What PHI does ICARD, PLLC share?** We only share your PHI that others need to do their job and as allowed by law. You may ask for a list of who has seen your PHI for some purposes.

**May ICARD, PLLC share my PHI without my permission?**

**Disclosures Required or Authorized by Law**

ICARD, PLLC will comply with legal notification requirements and authorizations without your permission, which include the following circumstances as required by law: For a complete list of instances we may disclose your PHI without written permission, please request an extended version of our policy.

- To report a reasonable belief that a child has suffered abuse or neglect [RCW 26.44.030] (For reporting purposes, a child is anyone under the age of 18 [RCW 26.44.020])
- To report a reasonable belief that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred [RCW 74.34.035 and RCW 5.60.060(9)(d)]
- To prevent or minimize an imminent danger to the health or safety of the patient or any other person [RCW 5.60.060(9)(e)].
- To comply with a court order or subpoena
- To use PHI for research.
- To use or disclose PHI in case of emergency or for disaster relief purposes.
- To communicate with business associates who perform functions on our behalf.
- To give PHI to guardians or parents of minors under the age of consent--13 years old in WA state.

**Your Rights**

**May I put limits on sharing my PHI or how I get it?**

You have the right to request restrictions on certain uses and disclosures of your PHI; however, we are not required to agree to your requested restriction. You also have the right to receive confidential communications about your PHI in a different format or to a different location. You also have a right to receive a paper copy of this notice.

**Our Duties**

**What are the duties of ICARD, PLLC with regard to my PHI?**

The Clinic is required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this notice currently in effect. We reserve the right to change the terms of this notice and to make the new provisions effective for all PHI we maintain. Any revisions to this notice will be posted online and in a clear and prominent location at ICARD, PLLC.

**What is a breach?**

A breach is the use or disclosure of your PHI that is not permitted under HIPAA, including loss by theft, mistake, or hacking. We are required by law to notify you by mail if there is a breach of your PHI under HIPAA.

**Complaints**

**How do I report a violation of my PHI privacy rights?**

You may bring complaints to our clinic and to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. ICARD, PLLC, employees or contractors will not retaliate against you for filing a complaint. If you have questions, want more information, or want to report a problem about the handling of your PHI, you may contact the **ICARD, PLLC Privacy Officer** at: 701 W 7th Ave, Suite 130 Spokane, WA 99204, 509-838-3932.

You may also contact the **U.S. Department of Health and Human Services Office of Civil Rights** at: 200 Independence Avenue SW Washington DC 20201 (877) 696-6775 [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

**AUTHORIZATION**

Printed Name of Client	
Signature of Client	Date
Printed Name Authorized Representative (Parent, Legal Guardian, Personal Representative)	Relationship to Client
Signature of Authorized Representative (Parent or Legal Guardian)	Date

*If the individual is twelve (12) years of age or younger, or the adult is a dependent; a parent, legal guardian or personal representative is required to sign above.*