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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.

I am committed to your privacy: I am dedicated to maintaining the privacy of your personal health information as part of providing care to you. I am required by law to keep your information private. This is a shortened version of this law. Please ask questions about this if you are curious.

The great majority of the time, your consent is required for me to disclose your health information, for the purpose of providing treatment which may require communicating with other professionals, or to arrange payment through a third party.

Your signature on my therapist disclosure form implies that you consent to be treated by me and that you consent, if you choose to use a third party payer, to have some information, such as diagnosis and dates of sessions, disclosed to them. If we decide together that records should be exchanged with other professionals, I will give you a separate form to sign.

Why I might use or disclose your protected health information without your consent: (This is an rare occurrence.) In the event that something that you tell me involves a threat to your or another's safety or health, I will share only such information that prevents or reduces the threat, to the appropriate persons. I will share in compliance with a legal request in regards to a court proceeding, to law enforcement, or workers' compensation.

Your rights regarding your health information:

1. You can ask me to get in touch with you in a particular way or place that seems more private.
2. You can ask me to limit what we tell people involved in your care or payment for your care, such as family members.
3. You have the right to look at the records I keep. You can get a copy or summary of these records, which will involve a charge.
4. If you believe your records are inaccurate or incomplete, you can request that I amend them; the request must be made in writing, and you must give a reason for your request.
5. You have a right to keep a copy of this notice.
6. You have the right to file a complaint with the US Secretary of the Department of Health and Human Services, if you feel your privacy rights have been violated.

Please sign to denote that you have read this form and understand it, and have satisfied any questions you might have about it.

Your name

Date

How would you prefer to be contacted? ___cell phone, ___home phone, ___email?
Remember, email is not secure; don't send confidential information via email.