

Child Psychology Testing Services, PLLC

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Notice of Privacy Practices

The Health Information Portability and Accountability Act (HIPAA) of 1996 details your privacy rights – especially with your right to control how your health information may be used and disclosed. This notice provides a summary of your rights. Please review this document carefully. For more information, refer to: <https://www.hhs.gov/hipaa/index.html>.

CPTS' Pledge Regarding Protected Health Information

I understand that information about you, your health, and your health care is private and I am committed to protecting your health information. I keep a record of the care and services that are given to you. This record is necessary in providing you with quality care, and in complying with ethical and legal requirements. I am required by law to make sure that any information that can identify you and that your health information (known as protected health information or PHI) is kept private, that I provide you with this notice, and that I follow the terms of this notice. I do reserve the right to change the terms of this notice as law requires. Any new editions of this notice will be available electronically through the secure portal and will be physically available in my office.

All our communications are confidential and private. They can be subpoenaed or disclosed in the instance that there is a court order or a safety-related reason for me to break confidentiality. You will be asked to provide your phone number and email address for scheduling and billing purposes. You have the right to consent to receive text and/or email reminders for appointments from the scheduling platform that I use, called "Simple Practice". This is not mandatory, and you have the right to opt-out of text messages and emails. You also will be asked about your communication preferences during our intake appointment and initial phone calls. Your phone number and email address cannot be shared with any 3rd party.

PHI Use or Disclosure

There are a few ways in which your information may be used or disclosed. The first category includes the circumstances in which your information could be used or disclosed without your authorization.

- For treatment, payment, and healthcare operations. This includes information I provide to insurance to submit claims, as well as other logistical uses related to billing. For young adults, this also may include disclosing a diagnosis or necessary information to a member of your treatment team.
- When required by law or if compelled by court order.
- In situations where I suspect abuse for a minor and elder, and need to make a report. Also, in situations where I determine there is a serious risk of harm to yourself or to others.
- For the appropriate law enforcement-related activities, including things such as reporting crimes occurring in my office space.
- For health oversight such as situations involving audits and investigations.
- When disclosure is required by state or federal law, and the information disclosed complies with and is limited to what is relevant in the law.

There are situations in which I am required to receive your written authorization before any of your information is shared or disclosed.

- Psychotherapy notes. Any use or disclosure of such notes requires your written authorization. The only exception is in my direct treatment of you, if I am defending myself in legal proceedings instituted by you, if I am in compliance with another lawful investigation, or in other similar situations where sharing this information will avert risk or harm to others.

I will not use or disclose your PHI for any marketing purposes, and I will not sell your PHI in the regular course of my business.

There are certain instances in which I am required to provide you with an opportunity to object. For my specific practice, this includes any information shared with family, friends, or others. I may share PHI with a family member, friend, or other person that you indicated is involved in your care or in the payment for your health care. The opportunity to consent or object may be provided after-the-fact in emergency situations.

Additional Rights

You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe this would negatively impact your health care. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations, if the PHI is solely related to services that you have paid for out-of-pocket in full.

You have the right to ask me to contact you in a specific way (e.g., phone versus email) or to send mail to a different address. I will agree to reasonable requests.

You have the right to obtain an electronic or paper copy of your records and the information that we have about you, except for “psychotherapy notes.” I will provide you with a copy of your record, or a summary if you agree to receive a summary, within 30 days of receiving your written request. There will be an administrative fee that is charged with this request.

You have the right to obtain a list of the disclosures I have made – for purposes other than treatment, payment or health care operations, or for those in which you have provided written authorization. I will respond with 30 days for receiving your request.

You have the right to correct or update your PHI at any time. If you believe there is a mistake, or that information is missing from your PHI, you have the right to request to correct the information. I may say “no” to your request, but will explain why in writing within 60 days of receiving your request.

You have the right to get a paper copy of this notice, and the right to receive this notice by email.

Effective Date of this Notice:

This notice went into effect for this office on May 16th, 2022.

Acknowledgment of Receipt of Privacy Notice

By electronically signing this form, you are acknowledging that you have received a copy of this notice. You are also indicating that you have read, understood, and agree to the terms in this document.