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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. PLEASE REVIEW THIS NOTICE CAREFULLY.

As part of this professional practice, I maintain personal information about you and your health. State and federal law protects such information by limiting its uses and disclosures. “Protected Health Information” (“PHI”) is information about you, including demographic information, that may identify you or be used to identify you, and relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present or future payment for the provision of health care.

Your Rights Regarding Your PHI. The following are your rights regarding PHI I maintain about you:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in certain limited circumstances, to inspect and copy your PHI I maintain. I may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request a copy of the required accounting of disclosures I make of your PHI.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request I communicate with you in a certain way or at a certain location. I will accommodate reasonable requests and will not ask why you are making the request.
- **Right to a Copy of this Notice.** You have the right to a paper copy of this notice.
- **Right of Complaint.** You have the right to file a complaint in writing with my office or with the Secretary of Health and Human Services if you believe I have violated your privacy rights. I ***will not retaliate against you for filing a complaint.***

My Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations

Treatment. I may use your PHI for the purpose of providing you with health care treatment. To coordinate and manage your care, I may disclose your PHI to others of your current providers, and to the extent you have not raised an objection in writing, to your prior providers, or to other persons, including family members, involved in your care.

Payment. I may use your PHI in connection with billing statements I send you and my system for tracking charges and credits to your account.

Health Care Operations. I may use and disclose your PHI for the health care operations of my professional practice in support of the functions of treatment and payment. Such disclosures would be to Business

