Andrew Jordan Thayer, Ph.D.
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Notice of Privacy Practices

This document is to help you be aware of your privacy rights guarded under the Health Insurance Portability and Accountability Act (HIPAA). This federal law provides privacy protections and patient rights regarding use and disclosure of your Protected Health Information (PHI). All health care professionals must provide you this notice. Please read it carefully.

Privacy Obligations

As your health care professional, I am required to comply with several obligations to keep you and your PHI safe. By law, I **must:**

- Remain in compliance with all HIPAA protection requirements regarding services, software, and tools I use to keep PHI private
- Notify affected individuals in the case of a compromise to unsecured PHI
- Provide this Notice regarding your privacy practices
- Adhering to my own practices as described in this Notice
- Providing an updated copy of this Notice whenever changes occur, and as requested by you

Client Rights

Right to Request Limits on Uses and Disclosure of PHI: You have the right to request in writing restrictions on the use and disclosure of PHI for treatment, payment, or any healthcare operations except when authorized by you, when required by law, or in emergency circumstances. I am not legally required to comply to the request and reserve the right to deny if it may adversely affect your care.

Right to Request Restrictions on Out-of-Pocket Expenses Pain In Full: If you have insurance that you are using for billing purposes but are paying for my services out-of-pocket in full, you have the right to request these services not be disclosed to insurance.

Right to Review Disclosures: You may request a list of disclosures of your PHI that I have made for the purposes of treatment and health care operations. I will respond to your request within 60 calendar days and provide a list of disclosures within the last 3 years unless an alternative time frame is selected. Given the time to curate these instances, I will charge a reasonable time-based fee for this request.

Right to See and Receive Copies of Your PHI: In most cases, you have the right to receive and receive copies of PHI, and I will provide that record or summary within 30 calendar days. I may charge a cost-based fee for supplies used including paper, printing, and mailing costs. I reserve the right to deny this request if it may compromise your care. You may appeal this denial and we can discuss it together.

Effective Date: This Notice is effective as of August 1st, 2023

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Right to Amend Records: If you believe information in your records is incorrect, you may request in writing a correction. You **must** provide a reason for the change. I reserve the right to deny the request, and in such cases, encourage a discussion regarding the reason for the request.
Right to Determine Communication: You may ask me to contact you in specific ways, particularly regarding how to transmit your own PHI to you. Examples include via phone, a particular email, or in mailing. I reserve the right to deny any unreasonable requests.
Right to Notification if Your PHI is Compromised: You have the right to be notified if: (a) a use or disclosure of your PHI violates HIPAA law; (b) your PHI is not encrypted and protected to government regulations; or (c) if a competent risk assessment determines a high probability that your PHI has been compromised. In such cases, I attest that I will notify you within 60 calendar days following the incident with the following information: a description of the incident, what information may have been compromised, steps for you to protect yourself, a description of my activities to investigate the incident, and my steps to prevent further incidents.

- If you have any questions about these rights, let's talk about them!

Uses and Disclosure for Treatment, Payment, and Healthcare Operations

I may use or disclose your PHI for purposes of treatment, payment, and healthcare operations as agreed in your signed Consent to Treatment. In cases where disclosure of PHI is necessary to lead to better care, I will ask that a Release of Information be signed and included in your records. For the purposes of this Notice, "treatment" refers to any service I provide regarding your mental health including therapy, assessment, and consultation with other professionals; "payment" refers to any attempt to obtain reimbursement for services through out-of-pocket expenses or insurance coverage; and "healthcare operations" refers to activities that support my practice including administrative services, treatment research and planning, and other business activities.

Uses and Disclosure Requiring Authorization

By signing the Consent to Treatment form, you authorize me to use and disclose information for treatment, payment, and healthcare operations. As indicated in your rights, you may revoke authorization in writing. However, please note, you cannot revoke authorization on something I have already done under your prior authorization. In addition, if we are using insurance, your insurance company has legal right to receive PHI.

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Uses and Disclosure Not Requiring Consent or Authorization

- There are instances in which I may disclose PHI without your consent. Please read these carefully. We will talk about them.

Contact: I may use your PHI to contact you for appointments, test results, or advise on other treatment-related matters.
Business Associates: Your PHI may be used and disclosed to individuals and organizations that assist me in maintaining my legal obligations outlined in this Notice. In most cases, this will be to ensure privacy compliance.
Treatment Team: I may share some PHI with your primary care provider, other healthcare professionals associated with your treatment, or a professional who referred you when doing so is necessary for their treatment as part of the team.
Harm to Self: If I have reasonable cause to believe that you are an immediate risk to yourself, I am required to report this to protect you. This can include notifying friends, emergency contacts, law enforcement, and hospitalization services.
Harm to Others: If I have reasonable cause to believe that you are an immediate risk to others, I am required to report this to protect them. This can include notifying friends, emergency contacts, law enforcement, and hospitalization services.
Transmission of HIV: If you are HIV positive and engaging in behaviors high in risk for disease transmission (e.g., intravenous drug use, unprotected sexual intercourse), I may have to report this to the Department of Health. In such a case, I will first consult a health care official to determine proper procedures that keep your privacy.
Abuse of Child or Vulnerable Adult: I am required by law to inform police and the Department of Social and Health services if I have evidence, or reasonable cause to believe, that abuse has occurred.
Subpoena: If you are involved in a legal case, I may be asked to provide records. In these instances, we can discuss what is most pertinent to the case and protect your information. Please let me know if there are legal activities in your persona life as that influences your privacy, and please contact your attorney for advice. Note: <u>This privilege to determine what is shared in court **does not** apply if you are being evaluated by the court itself or by a third party.</u>
Lawsuit: If you file a lawsuit against me, I may reveal information related to my defense.
Professional Oversight: I may be required to share information in during audits and investigations regarding professional practice. Please talk to me about this if you have concerns.

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Grievances

If you believe I have violated your privacy rights or disagree with a situation, I first encourage you to talk with me about your grievance so that we may come to an understanding. You are also welcome to contact the Examining Board of Psychology at 360-236-4700.

Client Acknowledgement

If you have any questions about what all this means, please bring them up to me first before signing this form. I am happy to answer your questions. Signing below indicates you have **read, understand, and agree to these policies.**

Signature	Date
Andrew Jordan Thayer, Ph.D.,	Date:

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