

Elizabeth Nyblade, Ph.D.
Clinical, School and Forensic Psychologist
1313 East Maple Street, Suite 214 • Bellingham, WA 98225
Phone: 360-647-8295 • FAX: 360-647-8296 • e-mail: enyblade@mindingyourspirittogether.com

Notice of Privacy Practices

This notice describes how psychological information about you may be used and disclosed and how you can get access to this information. Please review it carefully. We will ask that you sign an acknowledgement form once every three years acknowledging that our office has made this information available to you. If you have any questions about this notice, please contact Dr. Elizabeth Nyblade.

This Notice of Privacy Practices describes how I may use and disclose your Protected Health Information to carry out evaluations, treatment, payment, or health care operations and for other purposes that the law permits or requires. It also describes your rights to access and control your Protected Health Information. "Protected Health Information" (PHI) is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or mental condition and related health care services to you.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time and the new notice will be effective for all Protected Health Information that we maintain at that time. You will find the most current version of the HIPAA Notice of Privacy Practices on our website, at mindingyourspirittogether.com.

Uses and Disclosures of Protected Health Information

Your Protected Health Information may be used and disclosed by Dr. Nyblade, her office staff and others outside of her office that are involved in your care and treatment for the purpose of providing health care services to you. Your Protected Health Information may also be used and disclosed to pay your bills for psychological services and to support the operation of Dr. Nyblade's practice. We may use or disclose your Protected Health Information in some situations without your consent or authorization. If you are not present or not able to agree or object to the use or disclosure of your Protected Health Information, then Dr. Nyblade may use professional judgment to determine whether the disclosure is in your best interest. In this case, only the Protected Health Information that is relevant to your health care will be disclosed.

The following are examples that are not meant to be exhaustive. They describe the types of uses and disclosures that may be made by our office.

Treatment:

We will use and disclose your Protected Health Information to provide, coordinate, or manage your behavioral health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your Protected Health Information, as necessary, to a home health agency that provides care to you. Your Protected Health Information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your Protected Health Information from time-to-time to a physician or health care provider (e.g., a specialist or laboratory) who, at our request becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment:

Your Protected Health Information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant Protected Health Information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations:

We may use or disclose, as-needed, your Protected Health Information in order to support the business activities of Dr. Nyblade's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of psychology students, obtaining licenses, and conducting or arranging for other business activities.

For example, we may call you by name in the waiting room when Dr. Nyblade is ready to see you. We may use or disclose your Protected Health Information, as necessary, to contact you to remind you of your appointment.

We will share your Protected Health Information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your Protected Health Information, we will have a written contract that contains terms that will secure the privacy of your Protected Health Information.

We may use or disclose your Protected Health Information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your Protected Health Information for other marketing activities. For example, we may use your name and address to send you a newsletter or flyer about additional services or clinicians in our practice. We may also send you information about products or services that we believe may be beneficial to you.

Others Involved in Your Healthcare:

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose Protected Health Information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your location, general condition or death. Finally, we may use or disclose your Protected Health Information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies:

We may use or disclose your Protected Health Information in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If Dr. Nyblade or another clinician in the practice is required by law to treat you and Dr. Nyblade has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your Protected Health Information to treat you.

Communication Barriers:

We may use and disclose your Protected Health Information if Dr. Nyblade attempts to obtain consent from you but is unable to do so due to a substantial communication barrier, and if she determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Required By Law:

We may use or disclose your Protected Health Information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Health Oversight:

We may disclose Protected Health Information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect:

We may disclose your Protected Health Information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your Protected Health Information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings:

We may disclose Protected Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement:

We may also disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and as otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the practice's premises) and it is likely that a crime has occurred.

Research:

We may disclose your Protected Health Information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your Protected Health Information has approved the research.

Workers' Compensation:

We will disclose your Protected Health Information as authorized to comply with workers' compensation laws and other similar legally-established programs.

Compliance with Legal Regulations:

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with legal regulations.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization:

Most or all of the uses and disclosures of your Protected Health Information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke an authorization that you have given at any time, in writing, but if Dr. Nyblade has already disclosed some information based on your previous authorization, the previous disclosure will not be affected by the revocation.

Your Rights

The following is a statement of your rights with respect to your Protected Health Information and a brief description of how you may exercise these rights.

1. You have the right to inspect and copy your Protected Health Information.

This means you may inspect and obtain a copy of Protected Health Information about you that is contained in a designated record set for as long as we maintain the Protected Health Information. A "designated record set" contains medical and billing records and any other records that Dr. Nyblade and the practice uses for making decisions about you. A signed record release to yourself is required to obtain your individual record. A "reasonable fee" will be assessed for records released to yourself that is due at time of receipt.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and Protected

Health Information that is subject to law that prohibits access to Protected Health Information. In some circumstances, you may have a right to have this decision reviewed. Please contact our records department if you have questions about access to your medical record.

2. You have the right to request a restriction of your Protected Health Information.

This means you may ask us not to use or disclose any part of your Protected Health Information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your Protected Health Information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state in writing the specific restriction requested and to whom you want the restriction to apply.

Dr. Nyblade is not required to agree to a restriction that you may request. If Dr. Nyblade believes it is in your best interest to permit use and disclosure of your Protected Health Information, your Protected Health Information will not be restricted. If Dr. Nyblade does agree to the requested restriction, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your psychologist. You may request a restriction by completing a record restriction form either given to you by Dr. Nyblade or obtained from the secretary.

3. You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or ask you to specify an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing.

4. You may have the right to have Dr. Nyblade amend your Protected Health Information.

This means you may request an amendment of Protected Health Information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. An amendment of record form can be obtained from the secretary to begin this process.

5. You have the right to receive an accounting of certain disclosures we have made, if any, of your Protected Health Information.

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations.

6. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Complaints:

You may complain to us or to the Department of Licensing, Psychology Division if you believe Dr. Nyblade has violated your privacy rights. You may file a complaint with us by notifying Dr. Nyblade of your complaint. We will not retaliate against you for filing a complaint. We may ask for your complaint in writing.

You may contact Dr. Nyblade at (360) 647-8295 for further information about the complaint process. This notice was published and becomes effective on July 1, 2012.