



**Growth Pointe Wellness**  
Dana Graves, MA, LMHC

## **HIPAA NOTICE OF PRIVACY PRACTICES**

*Effective April 14, 2003*

Under the Health Insurance Portability And Accountability Act of 1996 (HIPAA), Growth Pointe Wellness and Dana Graves, MA, LMHC must take steps to protect the privacy of your “protected health information” (PHI). PHI includes information we may have created or received regarding your physical, behavioral and mental health or payment of these services. It includes both your medical information and personal information such as your name, social security number, address and phone number.

We understand that medical information about you and your health is personal. By medical information we mean, all information gathered about your physical, behavioral or mental health. We are committed to protecting the privacy of your PHI. We create a record of the care and services you receive during your treatment. We need this record to provide you with quality of care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Dana Graves, MA, LMHC/Growth Pointe Wellness.

***This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.***

### **USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Dana Graves, MA, LMHC/Growth Pointe Wellness may use and disclose your PHI for purposes of providing you treatment, obtaining payment for your care, conducting health care operations and your authorization. We have established policies to guard against unnecessary disclosure of your health information.

### **THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR PHI MAY BE USED AND DISCLOSED:**

**To Provide Treatment** Dana Graves, MA, LMHC/Growth Pointe Wellness may use your PHI to coordinate or manage services related to your health care. For example, your therapist may consult with another health care provider, family doctor or counselor.

**To Obtain Payment** Dana Graves, MA, LMHC/Growth Pointe Wellness may include your PHI in invoices to collect payment from third parties for your treatment. For example, we may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or your therapist. We may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for services in order for those services to be covered.

**To Conduct Health Care Operations** Dana Graves, MA, LMHC/Growth Pointe Wellness may use and disclose your PHI for operational purposes in order to improve function and ensure quality of care to all patients. Health care operations include such activities as:

- Quality assessment and improvement activities
- Audits and administrative services
- Case management and care coordination
- Training, licensing and credentialing

**Your Authorization** Dana Graves, MA, LMHC/Growth Pointe Wellness may use or disclose your PHI upon your written authorization. If you give us an authorization, you may revoke it at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. You understand we are unable to take back any disclosures that we have already made with your permission, and that we are required to retain our records of the care that we provided to you. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

### **THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR PHI MAY BE USED AND DISCLOSED WITHOUT YOUR AUTHORIZATION:**

**Required by Law:** Dana Graves, MA, LMHC/Growth Pointe Wellness may use or disclose your PHI when we are required to do so by Federal, State or local law. For example, we may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect or domestic violence;
- to assist law enforcement officials in their law enforcement duties; or
- to assist public health officials avert a serious threat to health or safety of you or any other person.

**Workers Compensation:** If you submit a worker's compensation claim, Dana Graves, MA, LMHC/Growth Pointe Wellness may use or disclose your PHI in order to comply with laws and regulations governing Workers Compensation.

**Military and National Security:** As permitted or required by State or Federal law Dana Graves, MA, LMHC/Growth Pointe Wellness may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counter intelligence, and other national security activities, particularly as it relates to providing protective services to the President of the United States. We may disclose to correctional institutions or law enforcement officials having lawful custody of the PHI of an inmate or patient under certain circumstances.

## **PATIENT RIGHTS**

The health and billing records we create and store are the property of the practice. The PHI in it, however, generally belongs to you. You have the right to:

- Receive, read, and ask questions about this Notice;
- Ask us to restrict certain uses and disclosures. You **MUST** deliver this request in writing to us. We are not required to grant this request. Make requests to: Dana Graves at [growthpointe@gmail.com](mailto:growthpointe@gmail.com);
- Request and receive from us a paper copy of the most current *Notice of HIPAA Privacy Practices* for PHI;
- Request that you be allowed to see and receive a copy of your PHI, including billing records. If you request a copy of your PHI, we may charge a reasonable fee for copying and assembling costs associated with your request.
- Request an amendment to your records, if you believe your PHI is inaccurate or incomplete. Requests may be made as long as the information is maintained by Dana Graves, MA, LMHC/Growth Pointe Wellness and must be done in writing to: Dana Graves. Dana Graves, MA, LMHC/Growth Pointe Wellness reserves the right to deny a request for amendment if it is not in writing or does not include a reason for amendment. The request may also be denied if your health information records you seek to amend were not created by Dana Graves, MA, LMHC/Growth Pointe Wellness or, if we are of the opinion that your health information record is accurate and complete. All written amendment requests become a part of your record.
- Request an accounting of disclosures of your PHI made by Dana Graves, MA, LMHC/Growth Pointe Wellness for certain reasons, including reasons related to public purposes authorized by law. The request should be in writing and should specify the time period for the accounting starting on or after April 14, 2003.
- Request to receive confidential communications. You may request Dana Graves, MA, LMHC/Growth Pointe Wellness communicate with you privately as it relates to your PHI. For example, you may wish to conduct communications with your counselor pertaining to your PHI with no family members present. You may wish your bills or other written information sent out from Dana Graves, MA, LMHC/Growth Pointe Wellness to be sent to another address you have specified. Please talk directly with your counselor about this request.

## **DUTIES OF DANA GRAVES, MA, LMHC**

Dana Graves, MA, LMHC/Growth Pointe Wellness is required by Federal law to maintain the privacy of your protected health information (PHI) and to provide to you this *HIPAA Notice of Privacy Practices*. We are required to abide by the terms of this Notice as long as it is in effect. We reserve the right to revise and amend this Notice and make new Notice provisions effective for all information that we maintain. If we make changes to this Notice, we will provide a copy of the revised Notice to you.

**PLEASE NOTE:** No communications platform can be truly HIPAA compliant as HIPAA compliance is about users, not technology. If you choose to communicate with Dana Graves, MA, LMHC/Growth Pointe Wellness via phone, text or e-mail, HIPAA compliance cannot be guaranteed within these mediums. Dana Graves will make every reasonable effort on her end to maintain the privacy of her clients. Teletherapy and case management services can be provided through a variety of video conferencing formats. Though many video conferencing formats advertise themselves as HIPAA compliant, no video conferencing format can absolutely guarantee privacy as privacy can be impacted directly by the users of the format. Dana Graves will make every reasonable effort to ensure the privacy of her teletherapy and case management clients at all times. Clients are encouraged to maintain their own privacy on their end of phone calls, text exchanges, e-mails and video conferencing calls. No teletherapy or case management sessions will be recorded.

## **QUESTIONS OR COMPLAINTS**

If you have general questions about this Notice or would like an additional copy, feel free to ask us in person or call (425) 359-9801. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request made to amend or restrict the use or disclosure of your health information, you may submit a written: Dana Graves, Privacy Officer, [dana@growthpointewellness.com](mailto:dana@growthpointewellness.com), 600 Main St. Suite D Edmonds, WA 98020. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the U.S. Department of Health and Social Services. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

**\*\* Please sign HIPAA Acknowledgement of Receipt of Privacy Practices Form \*\***

***KEEP THIS COPY FOR YOUR RECORDS***

