



# INNER REFUGE COUNSELING

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## Notice of Information Practices

**THIS NOTICE DESCRIBES HOW PSYCHOTHERAPY AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **I. Uses and Disclosures for Treatment and Health Care Operations**

I may use or disclose your *protected health information (PHI)*, for *treatment and health care operations* purposes with your written *authorization*. To help clarify these terms, here are some definitions:

- *“PHI”* refers to information in your health record that could identify you.
  - *“Treatment and Health Care Operations”*
  - *Treatment* is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
  - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment, supervision, and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- *“Use”* applies only to activities within my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *“Disclosure”* applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.
- *“Authorization”* is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

### **II. Other Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment or health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment or health care operations, I will



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obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes”

are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

### III. Uses and Disclosures without Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* - If I have reasonable cause to believe a child known to me in my professional capacity may be an abused child or a neglected child, I must report this belief to the appropriate authorities.
- *Elder or Vulnerable Person(s) Abuse* - If I have reason to believe that an elder or vulnerable individual (who is protected by state law) has been abused, neglected, or financially exploited, I must report this belief to the appropriate authorities.
- *Judicial and Administrative Proceedings* - If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release such information without a court order. I can release the information directly to you on your request. Please note, information about all other counseling services is also privileged and cannot be released without your authorization or court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You must be informed in advance if this is the case.
- *Serious Threat to Health or Safety* - If you communicate to me a specific threat of imminent harm against yourself or another individual or if I believe that there is clear imminent risk of physical or mental injury being inflicted against another individual, I may make disclosure that I believe are necessary to protect yourself or the other individual from harm. If I believe that you present an imminent, serious risk of physical or mental injury or death to yourself, I may make disclosure I consider necessary to protect you from harm.



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#### **IV. Client's Rights and Counselor's Duties**

##### Client's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communication by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me.) On your request, you can collect confidential communication in a sealed envelope at the office. Prior notification is required.
- *Rights to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. Upon your request, I will discuss with you the details of the request and the amendment process as well as, review the request with my supervisor before a final decision is made.

##### Counselor's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to HIPAA.
- I am required to counsel within my scope of practice under the guidance of a licensed supervisor.

#### **V. Effective Date of Notice of Information Practices**

This notice will go into effect on October 1, 2019