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Notice of Policies and Practices to Protect the Privacy of Your Health Information and the Health Insurance Portability and Accountability Act (HIPAA)

This notice describes how healthcare information about clients and/or their families may be used and disclosed and how clients and/or their families can get access to this information. Please review it carefully.

NOTICE:

I keep a record of the health care services I provide you. You may ask me to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. You may see your record or get more information about it at 8015 SE 28th St, Suite 309, Mercer Island, WA 98040.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may *use* or *disclose protected health information (PHI)* related to the client and/or their families for *treatment, payment, and health care operations* with their *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in the client’s health record that could identify the client.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when I provide, coordinate or manage the client’s health care and other services related to their health care. An example of treatment would be when I consult with my supervisor or another health care provider, such as the client’s physician or another mental health provider.
 - *Payment* is when I obtain reimbursement for the client’s health care. Examples of payment are when I disclose their PHI to their health insurer related to reimbursement for their health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are case management and care coordination, supervision, quality assessment and improvement activities, and business-related matters such as audits and administrative services.
- “*Use*” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies the client.
- “*Disclosure*” applies to activities outside of my office such as releasing, transferring, or providing access to information about the client and/or their families to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when the client's and/or their families' appropriate authorization is obtained. An "Authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I need to obtain an authorization before releasing PHI, which includes psychotherapy notes. "Psychotherapy Notes" are notes I have made about conversations during an individual, group, joint, family counseling or testing session.

Clients and/or their families may revoke authorizations at any time, provided each revocation is in writing. Clients and/or their families 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, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- *Child Abuse*: If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services. If a report is filed I may be required to provide additional information.
- *Adult and Domestic Abuse*: If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the Washington Department of Social and Health Services. If I have reason to suspect that sexual or physical assault has occurred, I must immediately report to the appropriate law enforcement agency and to the Department of Social and Health Services. If a report is filed I may be required to provide additional information.
- *Supervision*: I currently work under the licensure of licensed psychologist Dr. Ziv Bell, PhD and receive weekly supervision from him, which may include disclosure and discussion of treatment information and treatment records. He may be reached by phone at (206) 236-1294, Ext. 4 or email at ziv@mercerislandtherapy.com if you wish to discuss me, my services, or his supervision.
- *Health Oversight*: If the Washington Examining Boards subpoena me as part of investigations, hearings or proceedings relating to the discipline, issuance or denial of licensure, I must comply. This could include disclosing relevant mental health information.
- *Judicial or Administrative Proceedings*: If clients and/or their families are involved in a court proceeding and a request is made for information about the professional services that I have provided and the records thereof, such information is privileged under state law, and I will not release information without the written authorization by clients and/or their families or their legal representative, or a subpoena of which you have been properly notified and clients and/or their families have failed to inform me that they are opposing the subpoena, or a court order. The privilege does not apply when clients and/or their families are being evaluated for a third party or where the evaluation is court ordered. Please notify me immediately if there is a desire to challenge and attempt to

withhold any legal request for records or PHI. I may assist in this process to the extent authorized by law and if circumstances justify further protecting PHI.

- *Serious Threat to Health or Safety*: I may disclose confidential mental health information to any person without authorization if I reasonably believe that disclosure will avoid or minimize imminent danger to the health or safety of the client, or the health or safety of any other individual.
- *Worker's Compensation, Law Enforcement and other Government Requests*: If clients and/or their families file a worker's compensation claim, with certain exceptions, I must make available all mental health information in my possession relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to the relevant employer, representative, and the Department of Labor and Industries upon request. I can share or use PHI for special government activities such as law enforcement, military, national security and presidential protective services.
- *Other Situations*: I am permitted or required to disclose information without either consent or authorization in the following situations:
 - If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
 - If there is a complaint or lawsuit against me, I may disclose relevant information in order to defend myself.
 - I am allowed to share your information to respond to organ and tissue donation requests and to work with a medical examiner or funeral director when an individual dies.
 - There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about my services provided. These situations are unusual in my practice. These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the client's care, or contacting family members or others who can help provide protection. If such a situation arises, I strive, but may not be able, to discuss it with clients and/or their families before taking any action and I will limit my disclosure to what is necessary.

I hope that this written summary of exceptions to confidentiality is helpful. It is important that we discuss any questions or concerns that you may have. The laws governing confidentiality can be quite complex, there are times when I may need to seek formal legal advice.

I never share PHI for marketing purposes. I never sell PHI. I will never contact clients or their families for fundraising efforts. I do not include client's names in a hospital or any other directory. I do not disclose PHI in the conduct of research.

IV. Client's Rights and Provider's Duties

Client's Rights

- *Right to Request Restrictions*: Clients and/or their families have the right to ask me not to use or share certain health information for treatment, payment or health care operations. I am not required to agree to a restriction requested. If payment for a service is made out-of-pocket in full, clients and/or their families may ask me not to share that information with their health insurer. I will agree unless a law requires me to share the information.

- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:* Clients and/or their families have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, clients may not want a family member to know that they are seeing me. Upon request, I may send bills to another address.
- *Professional Records – Right to Inspect and Copy:* The laws and standards of my profession require that I keep Protected Health Information about clients and/or their families in the client’s Clinical Record. Clients and/or their families may submit a written request to see or obtain a copy of the PHI in my mental health and billing records for as long as the PHI is maintained in the record. Except in the circumstance that I conclude that disclosure could reasonably be expected to be injurious to the health or to the life or safety of another, or that disclosure could reasonably be expected to lead to identification of a person who provided information to me in confidence under circumstances where confidentiality is appropriate, clients and/or their families may examine and/or receive a copy of the Clinical Record, usually within 30 days. In most situations, I am allowed to charge a reasonable copying fee. I may withhold the Record until the fees are paid, with some exceptions in emergency situations. If I refuse the request for access to the client’s records, clients and/or their families have a right of review, which I will discuss upon request.
- *Right to Amend:* Clients and/or their families have the right to request corrections to health information that they believe is incorrect or incomplete. I have the right deny the request and will tell you why in writing within 60 days.
- *Right to an Accounting:* Clients and/or their families have the right to receive an accounting of disclosures of PHI for 6 years prior to the date asked, including whom I shared information with and why. I will include all disclosures which clients and/or their families have neither provided consent nor authorization (as described in Section III of this Notice). I will not include disclosures for those about treatment, payment and health care operations and certain other disclosures clients and/or their families may have asked me to make. I will provide one accounting a year for free but may charge a reasonable, cost-based fee for additional requests made within 12 months.
- *Right to a Paper Copy:* Clients and/or their families have the right to request a paper copy of this notice from me at any time, even if they have agreed to receive the notice electronically. I will provide a paper copy promptly, once requested.
- *Right to Choose Someone to Act for You:* If clients and/or their families have given someone medical power of attorney or if someone is the client’s legal guardian, that person can exercise rights and make choices about the client’s health information. I will make sure that person has this authority and can act for the client before I take any action.

I will not use or share PHI other than as described in this notice unless clients and/or their families request in writing. Clients and/or their families may revoke permission to share information at any time by submitting a written request.

Provider’s Duties

- I am required by law to maintain the privacy of PHI, to follow the duties and practices described in this notice and to provide clients and/or their families with a copy of this notice.

- I will inform clients and/or their families promptly if a breach occurs that may have compromised the privacy or security of PHI.

V. Contact Information

I act as my own Privacy and Security Officer. If you have any questions about this Notice of Privacy Practices, please contact me. My contact information is:

Preeti Pental, PsyD, LMHCA
8015 SE 28th St, Suite 309 Mercer Island, WA 98040
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VI. Complaints

If you believe I have violated your privacy rights, you may file a complaint in writing with me, as my own Privacy Officer, as specified above. You also have the right to file a complaint in writing to the Washington Department of Health or to the US Secretary of Health and Human Services. I will not retaliate against you in any way for filing a complaint.

VII. Effective Date

This basic notice went into effect on May 6, 2024.