

**Mental Health Professionals, LLC  
Psychiatric Health and Wellness  
Notice of Privacy Practices**

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

**OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices described in this Notice while it is in effect. Mental Health Professionals, LLC reserves the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law.

**USES AND DISCLOSURES**

We use and disclose health information about you for treatment, payment, and healthcare operations.

In addition to our use of your health information for treatment, payment and healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us written authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

We must disclose your health information to you, as described in the Client Rights section of this Notice. We can disclose your health information to a family member, friend or other person only if we have written authorization to do so.

We may use or disclose your health information when we are required to do by law.

We may use or disclose your health information to provide you with appointment reminders (such as voice messages, postcards or letters).

Other reasons: The following are additional reasons we may be required to disclose your health information.

- To comply with legal proceedings, such as a court or administrative order or subpoena;
- To comply with a legal duty to protect you or others from imminent harm;
- To support research purposes, provided all information is anonymized to protect your identity;
- So a coroner or medical examiner can identify a deceased person(s) or cause(s) of death;
- To support a government agency overseeing health care programs;
- For lawful national security purposes; and
- For lawful public health purposes.

**PATIENT RIGHTS**

**ACCESS:** You have the right to inspect or obtain copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. We may charge a reasonable cost-based in accordance with the applicable WAC for the expenses such as copies and staff time.

**RESTRICTION:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these restrictions, but if we do, we will abide by your agreement.

**PAID IN FULL OUT-OF-POCKET BY CLIENT:** You have the right to request that information about a service for which you have paid in full be excluded from any disclosure to an insurance payor.

**AMEND:** You have the right to request an amendment of your protected health information, although the provider of services will make the final decision of approval or denial of your requested amendment.

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ACCOUNTING OF DISCLOSURES: You have the right to receive an accounting of disclosures of your protected health information.

**IF YOU HAVE ANY COMPLAINTS REGARDING VIOLATION(S) OF YOUR PRIVACY RIGHTS YOU MAY CONTACT OUR PRIVACY OFFICER AT THE ADDRESS OR PHONE NUMBER LISTED BELOW OR CONTACT THE SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE FOR CIVIL RIGHTS.**

Mental Health Professionals, LLC  
Privacy Officer  
P.O. Box 366  
Hoodspport, WA 98548-0366

(360) 285-3400 - Telephone  
(360) 930-6887 - Facsimile

**RETALIATION: No individual shall be retaliated against for filing a complaint.**