



## NOTICE OF

# *Privacy Practices*

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**This notice outlines the use and disclosure of your medical information and your rights under Washington State guidelines. Please review it carefully.**

To provide you with care, Holly Keller (your "Provider") collects, creates, and maintains health information, including individually identifiable details related to your physical and mental health, healthcare history, and payment. Your Provider is required by law to protect this information. This "Notice" explains how your health information may be used and disclosed, and your associated rights.

## **Provider's Use and Disclosure of Your Health Information**

Your Provider safeguards your health information and utilizes it only for the following purposes:

### **1. Treatment, Payment, and Healthcare**

**Operations:** Your health information may be used for your care, payment for services, and healthcare operations, including coordinating your care with other providers and managing payments.

### **2. Uses and Disclosures Without Your**

**Authorization:** Your health information may be disclosed without your specific written consent for lawful purposes, such as required by law, public health activities, victims of abuse or neglect, health oversight activities, judicial and administrative proceedings, law enforcement purposes, deceased individuals, organ or tissue donations, research, health or safety concerns, specialized government functions, workers' compensation, and involving individuals assisting in your care.

### **3. Appointments, Information, and Services:**

We may contact you for appointment reminders or provide information about treatment alternatives and health-related services.

### **4. Incidental Uses and Disclosures:** These are unintentional and limited uses or disclosures of your health information.

### **5. Special Treatment of Certain Records:** Some health information enjoys special confidentiality protections under applicable state and federal law.

### **6. Authorization for Other Uses and**

**Disclosures:** Some uses and disclosures require your written authorization. You can revoke your authorization at any time.

## **Your Rights Regarding Your Health Information**

You have the following rights:

1. **Right to Inspect or Get a Copy of Your Medical Record:** You can request access to your health information, subject to certain limitations.
2. **Right to Request Changes to Your Medical Record:** You can request corrections to your health information.
3. **Right to an Accounting of Disclosures:** You can receive a list of disclosures made of your health information, with some exceptions.
4. **Right to Request Restrictions:** You can request restrictions on how your health information is used and disclosed.
5. **Right to Request Confidential Communications:** You can ask for health information to be sent in a different way or to a different location.
6. **Right to Receive Notification of Breach:** You have the right to be notified in the event of a breach of your unsecured health information.
7. **Right to a Paper Copy of Notice:** You can request a paper copy of this Notice at any time.
8. **Filing Complaints:** If you believe your privacy rights have been violated, you can file a complaint with your Provider or the Secretary of the U.S. Department of Health and Human Services. No retaliation will occur for filing a complaint.

**Changes to this Notice:** Your Provider may modify this Notice of Privacy Practices at any time, and you will be notified of any updates.