

Notice of Privacy Practices

Summers Mental Health Counseling
Camas, Washington

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 3 March 2026

Summary of Your Privacy Rights

Your health information is private. This notice explains how your health information may be used and shared and what rights you have regarding that information.

In general:

- Your health information may be used to provide treatment, coordinate care, and manage services.
- Information may be shared for payment and healthcare operations when necessary.
- In certain situations, the law may require or allow disclosure of information without your permission.
- You have the right to access most of your health record and request corrections.
- You have the right to request limits on how your information is shared.
- You will be notified if a breach occurs that may compromise the privacy or security of your health information.

The full notice below explains these rights and responsibilities in more detail.

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can access this information.

My Responsibilities

I am required by law to protect the privacy of your protected health information (PHI) and to provide you with this notice explaining my legal duties and privacy practices.

This notice applies to all records created or maintained by Summers Mental Health Counseling.

I am required to:

- Maintain the privacy of your protected health information
- Provide you with this notice of privacy practices
- Follow the terms of the notice currently in effect

I may change the terms of this notice at any time. Any changes will apply to all information I maintain. The current notice will always be available upon request and on my website.

How Your Health Information May Be Used or Disclosed

Treatment

Your health information may be used to provide, coordinate, or manage your care.

For example, I may consult with another healthcare professional to assist in diagnosis or treatment.

Payment

If you use insurance, information may be shared with your health plan to obtain payment for services.

This may include diagnostic information, session dates, and types of services provided.

Healthcare Operations

Information may be used for activities necessary to operate the practice.

Examples include:

- professional consultation
 - supervision or training
 - quality improvement
 - administrative or legal activities
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Uses and Disclosures That Require Your Authorization

Certain uses and disclosures require your written authorization.

These include:

- most uses or disclosures of psychotherapy notes
- most uses of health information for marketing purposes
- sale of protected health information

You may revoke an authorization at any time in writing, except to the extent that action has already been taken in reliance on the authorization.

Uses and Disclosures Allowed Without Authorization

In certain situations, the law allows or requires disclosure of health information without your authorization.

Examples include:

- reporting suspected child abuse, elder abuse, or neglect
- preventing or reducing a serious threat to health or safety
- responding to court orders or legal proceedings
- certain public health activities
- health oversight or licensing investigations
- workers' compensation claims
- certain law enforcement purposes when required by law

When possible, disclosures are limited to the **minimum necessary information**.

Your Rights Regarding Your Health Information

You have the following rights regarding your protected health information.

Access Your Records

You have the right to inspect or obtain a copy of your health record and other information used to make decisions about your care.

This typically includes items such as:

- intake information
- treatment plans
- diagnoses
- progress notes
- billing records

Under federal law, psychotherapy notes are kept separately from the medical record and are not available for routine access or disclosure except in specific circumstances permitted by law.

Requests for access to records must be made in writing. A reasonable cost-based fee may apply for copies.

Request Corrections

You may request corrections if you believe information in your record is inaccurate or incomplete.

Request Restrictions

You may request limits on how your information is used or disclosed. I will consider your request but may not always be able to agree.

Request Confidential Communication

You may request that I contact you in a specific way (for example, at a different phone number or mailing address).

Accounting of Disclosures

You may request a list of certain disclosures made outside of treatment, payment, or healthcare operations.

Breach Notification

You have the right to be notified if a breach occurs that may compromise the privacy or security of your health information.

Electronic Communication

This practice may communicate with you using electronic methods such as secure client portals, telehealth platforms, email, or other digital tools.

Electronic communication may involve certain privacy risks, including the possibility that messages could be accessed by unauthorized individuals if devices, accounts, or networks are not secure.

When possible, secure systems designed to protect health information are used. You may request alternative methods of communication if you prefer.

Disclosures to Family Members

With your permission, relevant information may be shared with family members or others involved in your care or payment for services.

You may object to these disclosures at any time.

When the client is a minor, this notice is provided to the parent or legal guardian acting as the minor's personal representative under applicable law.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the practice or with the U.S. Department of Health and Human Services.

Filing a complaint will not affect your care or treatment.

U.S. Department of Health and Human Services

Office for Civil Rights

<https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

Acknowledgement of Receipt of Notice of Privacy Practices

Under the Health Insurance Portability and Accountability Act (HIPAA), clients have certain rights regarding the use and disclosure of protected health information.

By signing below, you acknowledge that you have received a copy of this Notice of Privacy Practices.

When the client is a minor, the parent or legal guardian signing below acknowledges receipt of this notice on behalf of the minor client.