



Desire Blooms, PLLC
Counseling & Sex Therapy

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HIPAA COMPLIANCE NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. This information will include Protected Health Information ("PHI") as that term is defined in privacy regulations issued by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and, as applicable, [RCW Chapter 70.02](#) entitled "Medical Records - Health Care Access and Disclosure."

Please review this document carefully before signing.

My Pledge Regarding Health Information:

I respect your privacy. I understand that your personal health information is personal and very sensitive. I am committed to protecting your health information and I will not disclose your information to others except at your direction, or unless the law authorizes or requires me to do so. The law protects the privacy of the health information I create and obtain in providing care and services to you. It is always my goal and responsibility to ensure your privacy and wellbeing are maintained.

I create and maintain a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information.

Protected Health Information:

Protected health information means individually identifiable health information:

- Transmitted by electronic media;
- Maintained in any medium described in the definition of electronic media; or
- Transmitted or maintained in any other form or medium.

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I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

I can change the terms of this notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request and on my website.

How I may use and disclose health information about you:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations:

Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment, or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes:

If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Heightened Protections for Substance Use Disorder (SUD) Records:

Some health information, specifically records from federally-assisted substance use disorder programs (protected under 42 CFR Part 2), carries higher confidentiality protections than standard PHI. If this

practice receives such records, they will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a specialized court order and subpoena. Additionally, if you provide a single "TPO" consent for treatment, payment, and health care operations, it may include these records unless you specifically request a restriction.

Certain Uses and Disclosures Require Your Authorization:

1. **Psychotherapy Notes.**

These are notes that are kept separate from your medical record and defined in 45 CFR § 164.501. Any use or disclosure of such notes requires your authorization **unless** the use or disclosure is:

- a. For my use in treating you.
 - b. For my use in defending myself in legal proceedings instituted by you.
 - c. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
 - d. Required by law and the use or disclosure is limited to the requirements of such law.
 - e. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - f. Required by a coroner who is performing duties authorized by law.
 - g. Required to help avert a serious threat to the health and safety of others.
2. **Marketing or sale of PHI.** I will never use, sell, or disclose your PHI for marketing purposes or other business purposes.

Uses and Disclosures That Do Not Require Your Authorization:

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons. I have to meet certain legal conditions before I can share your information for these purposes:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.

7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

Certain Uses and Disclosures Require You to Have the Opportunity to Object:

Disclosures to family, friends, or others: You have the right and choice to tell me that I may provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment for your health care, or to share your information in a disaster relief situation.

The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.

You Have the Following Rights with Respect to Your PHI:

HIPAA: CLIENT RIGHTS

1. **The Right to Choose How I Send PHI to You.** You have the right to request that I contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
2. **The Right to Release Your Information to Others.** You have the right, by written authorization, to release your medical records to others. You also have the right to revoke that release in writing. Revocation is not valid to the extent that I have already acted in reliance on your previous authorization.
3. **The Right to Request Limits on Uses and Disclosures of your PHI.** You have the right to make a written request to not use or disclose certain PHI for treatment, payment, or healthcare operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your healthcare or contradict required disclosures under the law.
4. **The Right to See and Get Copies of Your PHI.** Other than "psychotherapy notes," you have the right to make a written request to view or obtain an electronic or paper copy of your medical record and other information that I have about you. As per WA RCW 70.02.080, I will provide you with a copy of your record or, if you agree, a summary of your record, within 15 business days (up to 21 business days with written notice of unusual circumstances requiring the delay)

of receiving your written request. You will be charged \$0.15 per page for printed copies of records in addition to any mailing costs. I may, under some circumstances, deny this request in whole or in part if I believe it would affect your healthcare or is otherwise inadvisable in keeping with WA RCW 70.02.090.

5. **The Right to Correct or Update Your PHI.** You have the right to make a written request that I amend your records. Under WA RCW 70.02.100, I will act on your request within 10 days. I may, in some instances, deny your request. If your request is denied, I will provide a written explanation and inform you of your right to file a statement of disagreement. Your disagreement statement and my response will be filed in the record.
6. **The Right to Get a List of the Disclosures I Have Made.** You have the right to make a written request for an accounting of disclosures made of your health information with the following exceptions: disclosure for treatment, payment, or healthcare operations; disclosures pursuant to a signed release; disclosures made to the client; disclosures for national security or law enforcement purposes. I will respond to your request for an accounting of disclosures made in the last six years (unless a shorter time is requested) within 60 days of receiving your written request. You will be charged \$0.15 per page for printed copies in addition to any mailing costs.
7. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
8. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right to receive a paper copy of this notice, and you have the right to get a copy of this notice by email. You may request a paper copy at any time, and one will be mailed to you.
9. **The Right to Choose Someone to Act for You.** You have the right to choose someone to act for you. If you have given someone medical power of attorney, or if someone is your legal guardian, that person can make choices about your health information.
10. **The Right to File a Complaint.** You have the right to complain if you feel I have violated your rights by contacting me or by filing a complaint with the [U.S. Department of Health and Human Services](#) via the provided link, at their Office for Civil Rights located at 200 Independence Avenue, SW, Washington DC 20201, or by phone at (877) 696-6775. I will not retaliate against you for such complaints.