



Notice of Privacy Practices

Phoenix Psychiatric Services, LLC
and the office of
Dr. Angela Kokinakos ARNP, DNP-PMHNP

The HIPAA Privacy Rule mandates that healthcare providers distribute a **Notice of Privacy Practices** to all patients. This notice describes how medical information about you may be used and shared and how you can get access to this information. *Please review it carefully.*

Privacy Obligations

This Notice provides information about the use and disclosure of protected health information (PHI) by Phoenix Psychiatric Services PLLC or Angela Kokinakos ARNP, DNP-PMHNP -- collectively, your Provider. The HIPAA Privacy Rule gives you the right to be informed of the privacy practices of your health care providers, as well as to be informed of your privacy rights with respect to your health information. PHI is the information that you provide or that your provider creates or receives about your health care. Your Provider is required by law to protect the privacy of your information, notify affected individuals following a compromise of unsecured PHI, provide this Notice about our privacy practices, and follow the privacy practices that are described in this Notice. Finally, the law provides you with certain rights described in this Notice.

Use and Disclosure of Your Protected Health Information Without Your Authorization:

In many situations, Your Provider can use and share your PHI for activities that are common in hospitals and clinics. In certain other situations, which are described below, Your Provider must have your written permission (authorization) to use and/or share your PHI. Your Provider does not need any type of permission from you for the following uses and disclosures:

Treatment: Your Provider may use and share your PHI to provide care and other services to you—for example, to diagnose and treat your injury or illness.

Payment: Your Provider may use and share your PHI to receive payment for services provided to you. For example, Your Provider may share your PHI to obtain prior approval, request payment, and collect payment from you, an insurance company, a third party or other program that arranges or pays the cost of some or all of your health care (“Your Payor”) and to confirm that Your Payor will pay for the health care.

Health Care Operations: Your Provider may use and share your PHI for health care operations, which include management, planning, and activities that help to improve the quality and efficiency of the care delivered. In addition, Your Provider may share PHI with authorized staff to perform administrative activities, or those hired to perform services.

To Contact You for Information: Your PHI may be used to contact, call, or send you a letter to remind you about appointments, provide test results, inform you of treatments or advise you about other health-related benefits and services.

Business Associates: Your PHI may be used by your Provider and disclosed to individuals or organizations that assist the Provider or to comply with their legal obligations as described in this Notice. For example, we may disclose information to consultants or attorneys who assist us in our business activities. These business associates are required to protect the confidentiality of your information with administrative, technical and physical safeguards.

Your Healthcare Providers Outside of Phoenix Psychiatric Services PLLC: Your Provider may also share some of your PHI with your primary care provider, other health care providers, or the professional who referred you when they need it to provide Treatment to you, to obtain Payment for the care they give to you, or to perform certain parts of their Health Care Operations, such as reviewing the quality and skill of their professionals. Your Provider may disclose your prescription information with pharmacies and health plans to improve patient safety and reduce healthcare costs.

Public Health and Safety Activities: Your Provider is required or permitted by law to report PHI to certain government agencies and others. When the use and disclosure without your consent or authorization is allowed under other sections of the Privacy Rule and Washington State's confidentiality law.

For example, your Provider provides or discloses information:

- ◆ To report PHI to public health authorities for the purpose of preventing or controlling disease, injury, or disability.
- ◆ To appropriate government agencies when we suspect abuse or neglect.
- ◆ To report information to the U.S. Food and Drug Administration about products and activities it regulates.
- ◆ To prevent or lessen a serious and imminent health or safety threat to you, another person, or the public.
- ◆ To your employer, findings for medical surveillance of the workplace or evaluation of work-related illnesses or injuries.

- ◆ To authorized federal officials for national security activities or specialized government functions, such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.
- ◆ To the extent authorized by law, we may share your PHI with a health oversight agency that oversees Sydney Berkman Psychiatric Services and ensures the rules of government health programs, such as Medicare or Medicaid, are being followed.
- ◆ For legal or administrative proceeding as required by law or in response to a court order or lawful subpoena.
- ◆ To the police or other law enforcement officials as required or permitted by law or in compliance with a court order.
- ◆ To coroners, medical examiners and funeral directors.as authorized by law.
- ◆ To organ procurement organizations to coordinate organ donation activities.
- ◆ To workers' compensation agencies and self-insured employers for work-related illness or injuries.
- ◆ When otherwise required by law, such as to the Secretary of the United States Department of Health and Human Services for purposes of determining compliance with our obligations to protect the privacy of your health information.
- ◆ As a result of regulations adopted by the Washington State Department of Health in 2008, your Provider is required to report themselves or another healthcare provider in the event of a final determination of unprofessional conduct, a determination of risk to patient safety due to a mental or physical condition, or if we have actual knowledge of unprofessional conduct by another licensed provider. If you, the patient, are a healthcare provider, and we believe that your behavior is a clear and present danger to your patients or clients, we are required by law to report you to public health or legal authorities.
- ◆ To use and share your PHI to the extent your Provider is required to do so by any other law not already referred to above.

Use and Disclosure When You Have the Opportunity to Object:

Disclosure to Relatives, Close Friends, and Your Other Caregivers: We may share your PHI with your family member, friend or another person (someone that you indicate has an active interest in your care or the payment for your healthcare or who may need to notify others about your location, general condition or death) if we (1) first provide you with the chance to object to the disclosure and you do not object; (2) infer that you do not object to the disclosure (for example, if the person is with you in session); or (3) obtain your agreement to share your PHI with these individuals. If you are not present at the time we share your PHI, or you are not able to agree or disagree to our sharing your PHI because you are not capable or there is an emergency circumstance, we may use our professional judgment to decide that sharing the PHI is in your best interest. If we do share information, in an emergency, we will tell you as soon as we can. If you don't approve, we will stop,

as long as it is not against the law. We may also use or share your PHI to notify (or assist in notifying) these individuals about your location and general condition.

Disclosure for Disaster Relief Purposes: Your Provider may disclose your location and general condition to a public or private entity (such as FEMA or the Red Cross) authorized by its charter or by law to assist in disaster relief efforts.

Written Permission For Other Uses and Disclosures of Your PHI

Use or Disclosure with Your Permission (Authorization): For purposes other than the types described in this Notice above, psychotherapy notes, and PHI for marketing purposes, your Provider may only use or share your PHI when you grant your written permission (authorization). For example, you will need to give your permission before your Provider sends PHI to your life insurance company.

Marketing: We must also obtain your written permission (authorization) prior to using your PHI to send you any marketing materials. However, we may communicate with you about the following topics, which are not considered marketing; products or services offered that may be related to your treatment, case management, or care coordination, or alternative treatments, therapies, health care providers, or care settings.

Your Rights Regarding Your PHI

For Further Information: If you want more information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision made about access to your PHI, you may contact Phoenix Psychiatric Services (the office of Angela Kokinakos ARNP, DNP-PMHNP) at (206) 329-5255 ext. 316, or deliver a written complaint to Office street or email address at the top of this notice. You may also file written complaints with the Secretary of the U.S. Department of Health and Human Services. Your Provider will not in any way limit your care here or take any actions against you if you complain.

Right to request nondisclosure to health plans for items or services that are self-paid: You have the right to request in writing that healthcare items or services for which you self-pay for in full in advance of your visit not be disclosed to your health plan.

Right to Receive Confidential Communications: You have the right to request that we communicate with you about medical matters in a particular way or at a certain location. For example, you can ask that your Provider only contact you at work or by mail. To request confidential communications, you must make your request in writing to the street or email address above. Your Provider will grant all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to inspect and receive copies: In most cases, you have the right to inspect and receive a copy of certain healthcare information including certain medical and billing records. If you request a

copy of the information, your Provider may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Revoke Your Written Permission: You may change your mind about your authorization or any written permission regarding your PHI by giving or sending a written “revocation statement” to the Office at the street or email address above. The revocation will not apply to the extent that Phoenix Psychiatric Services PLLC or the office of Angela Kokinakos ARNP, DNP-PMHNP has already taken action relying on your permission.

Right to Amend Your Records: If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that we make a correction or add information. In your request for the amendment, you must give a reason for the amendment. We are not required to agree to the amendment of your record, but a copy of your request will be added to your record.

Right to Receive an Accounting of Disclosures: You have the right to receive a list of instances when we have disclosed your health information. Certain instances will not appear on the list, such as disclosures for treatment, payment, or health-care operations or when you have authorized the use or disclosure. Your first accounting of disclosures in a calendar year is free of charge. Any additional request within the same calendar year requires a processing fee. You must make this request in writing to the email or street address above.

Right to request restricted use: You may request in writing that we not use or disclose your information for treatment, payment, and/or operational activities except when authorized by you, when required by law, or in emergency circumstances. We are not legally required to agree to your request.

Right to Be Notified if There is a Breach of Your Unsecured PHI: You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) a risk assessment fails to determine that there is a low probability that your PHI has been compromised. We must notify you following the discovery of a breach of unsecured PHI. We will provide this notice in written form by first-class mail to your last known address, or alternatively, by email if you have agreed to receive such notices electronically. We will provide these notifications without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include, to the extent possible, a description of the breach, a description of the types of information that were involved in the breach, the steps you should take to protect yourself from potential harm, a brief description of what we are doing to investigate the breach, mitigate the harm, and prevent further breaches, as well as contact information for Phoenix Psychiatric Services.

Privacy Notice Changes

Your Provider reserves the right to change the privacy practices described or terms of this Notice at any time. We reserve the right to make the revised or changed Notice effective for PHI we already have as well as any information we may receive in the future. If changed, you may receive the new Notice by calling and asking for it or by visiting my office to pick one up.

Acknowledgement and Acceptance of Notice of Privacy Policy

Your signature indicates you accept responsibility for payment of fees in accordance with these terms and conditions. An electronic copy of this agreement may be substituted for and will be legally binding as the original agreement. This agreement constitutes informed consent without exception.

Client Name	
Client Date of Birth	
Client Signature	
Date Signed	