

## Notice of HIPAA Privacy Practices

NW INTRINSIC PSYCHOTHERAPY LLC  
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Effective Date: 12/1/2023

### Introduction

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

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It outlines the policies and procedures related to the use and disclosure of your protected health information (PHI) by NW Intrinsic Psychotherapy LLC.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We are required to provide you with this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information.
- We must follow the terms of this Notice while it is in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time.
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### Uses and Disclosures of Protected Health Information (PHI)

We may use and disclose your protected health information for purposes of:

- **Child or disabled person abuse.** We are required to report any known or suspected abuse of a child or disabled person to the Department of Human Services.
- **Harm to another.** If a therapist believes a client is about to harm another person, we are legally required to warn and, insofar as possible, to protect the intended victim.
- **Harm to self.** If your therapist believes you are immediately likely to harm yourself, we will notify a family member, the Mental Health Department, or the police.
- **Evaluations.** If you meet with a therapist for an evaluation requested by another professional (i.e., physician or attorney), we will routinely send a written report of the findings to that professional. We will obtain a written consent from you in advance authorizing us to make such a disclosure.
- **Insurance.** We may be required to release attendance and diagnostic information about you to receive insurance payment for your treatment. We be asked to release clinical information about you as required for payment or review of your claim.
- **Court subpoenas.** We may have to release your records if required to do so by a court subpoena. If you are involved in any or anticipate becoming involved in any legal or court-related proceedings, please notify us as soon as possible.
- **Consultation.** At times we may consult with other colleagues about our work. If a therapist ever discusses your case, she will do so confidentially without using your name or identifying information. The other professionals are also legally bound to keep the information confidential.
- **Collection problems.** If you do not pay for services rendered we will attempt to work out a payment schedule with you. If that is unsuccessful we may refer your account to a collection agency or seek legal claims against you. Although no clinical information will be revealed, your name, address, dates and fees of service will be released, along with other information that may help make collection possible.

### Your Rights

You have the following rights regarding your protected health information:

- **Right to Inspect and Copy:** You have the right to inspect and copy your protected health information.

- **Right to Amend:** If you believe that your protected health information is incorrect or incomplete, you may request an amendment.
- **Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures.
- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your protected health information.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you in a specific way or at a certain location.

**For more information please visit:** <https://www.hhs.gov/guidance/document/consumers-your-rights-under-hipaa>

### **Complaints**

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact Dr. Chanel Dismuke at [chaneldismuke@nwintrinsicpsychotherapy.com](mailto:chaneldismuke@nwintrinsicpsychotherapy.com)

### **Contact Information**

If you have any questions about this Notice, please contact:

Dr. Chanel Dismuke

[chaneldisumke@nwintrinsicpsychotherapy.com](mailto:chaneldisumke@nwintrinsicpsychotherapy.com)

503.436.5663