



**National Privacy Rights Notification**

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The Health Insurance Portability and Accountability Act or HIPPA provides *national minimum standards* for the protection of patient records that are, or in the future will be, transmitted electronically.

*Where state law or the ethics code of the American Psychological Association is more restrictive regarding your protected information, state law or the ethics code will apply.* This notice describes the national HIPPA standards and how they apply to your protected health/psychological information.

Your protected information may be used or disclosed *with your consent* for treatment (e.g., coordination of care with a psychiatrist), payment (e.g., obtaining reimbursement from your insurer), and health care operations (e.g., filing of information by staff).

Your protected information may be used or disclosed for purposes outside of treatment, payment, and health care operations *with your written permission regarding the specific use or disclosure.* You may revoke any such authorization. Your revocation must be in writing and cannot be made retroactive.

Your protected information may be used or disclosed *without your consent or authorization* when abuse of a child or vulnerable adult is reasonably suspected, ordered by a court or the Washington Examining Board of Psychology, a serious threat to the health or safety of yourself or another has been made, and when ordered by the Washington Department of Labor and Industries for a worker’s compensation claim you have filed.

Regarding your protected information, you have the right to: (1) request restrictions on certain uses and disclosures; (2) receive confidential communications by alternative means and at alternative locations; (3) request to inspect and copy; (4) request to amend; (5) receive an accounting of previous disclosures. Note that where you have the right to make requests, requests can be denied.

As psychologists, Dr Roll and Dr Mills are required to maintain the privacy of your protected information and to provide you with notice of their legal duties and privacy practices and policies. They reserve the right to change privacy practices and policies (remaining in compliance with federal and state law and with the APA ethics code) and will inform you of any such changes.

If you have any questions about this notification, or if you disagree with decisions made regarding access to or use/disclosure of your protected information, please discuss your concerns with your psychologist. You may also exercise your right to send a written complaint to the Secretary of the US Department of Health and Human Services.

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I have received and reviewed a copy of the National Privacy Rights Notification. I understand that if I have any questions regarding this notification, I can ask my psychologist.

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Client's Signature

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Date