

Notice of Privacy Practices

This notice describes how medical information ACT Services, PLLC (“ACT Services”) possesses about you may be used and disclosed and how you can get access to this information in compliance with HIPAA and other Federal and State regulations that apply to healthcare information. Please review it carefully. If you have any questions about this Privacy Notice, please contact us at (509) 228-8901.

Your Rights

When it comes to your health information, you have certain rights; this notice explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how
- We may say “no” to your request, but we’ll tell you why in writing within 60 days

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address
- We will say “yes” to all reasonable requests

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. It is posted on our website at www.ACTspokane.com for access anytime

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 exercise your rights and make choices about your health information
- We will make sure the person has this authority and can act for you before we take any action

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the beginning of this document
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not retaliate against you for filing a complaint

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes. ACT Services will not use or disclose your PHI marketing purposes
- Sale of your information. ACT Services will not sell your information in the regular course of business
- Most sharing of psychotherapy notes

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services. This may also include appointment reminders, which you may opt out of at any time, or receive at your preferred contact method.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services, or to someone who helps pay for your care unless you tell us not to.

You have the right to pay out-of-pocket for services if you wish to retain your privacy, unless we are otherwise required by law to share your information.

Other times we use or share your health information:

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Certain situations to help with public health and safety issues, such as:

- Preventing disease, helping with product recalls, and reporting adverse reactions to medications
- Reporting suspected abuse, neglect, exploitation, or domestic violence to law enforcement or another state agency
- Preventing or reducing a serious threat to anyone's health or safety, such as suicide or homicide threats

Do research

We can use or share your information for health research, including studying and comparing the mental health of clients who received one form of therapy versus those who received another form of therapy for the same condition.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official, including reporting crimes occurring on our premises
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Example: If you are a member of the Armed Forces, we may share your information as required by appropriate Military command authorities, for eligibility of benefits provided by the Department of Veteran Affairs, or as needed when authorized by law.

Example: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your information with the correctional institution or law enforcement official.

Additional Information

Electronic Communication

It may become useful during the course of treatment to communicate by email, text message (e.g. "SMS") or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with ACT Services there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages
- Your employer, if you use your work email or computer to communicate with ACT Services
- Third parties on the Internet such as server administrators and others who monitor Internet traffic

If there are people in your life that you don't want accessing these communications, please talk with us about ways to keep your communications safe and confidential. If you wish to utilize these forms of communication, please complete a "Consent for Transmission of Protected Health Information by Non-Secure Means" form, available at the ACT Services office.

Electronic Information

Collection

To better protect your privacy, we provide this information explaining online information practices and the choices you can make about the way your information is collected and used. No confidential information is sold or rented to third parties. Information collected on our website, including Name, E-mail Address, and Phone Number, is used for the purpose identified on the website (e.g. requesting information, scheduling an appointment).

Disclosure

We may disclose information we collect from you:

- If we have a good faith belief that access, use, or disclosure of such information is reasonably necessary to satisfy any applicable law, regulation, legal process, or enforceable governmental request
- To detect, prevent, or otherwise address fraud, security or technical issues
- To protect against harm to the rights, property, or safety of us or the public as required or permitted by law

Website Data Tracking

We may also collect and store aggregate (non-identifying) or anonymous information about user contact, site use, website traffic patterns, and related site information to assist us in improving outreach efforts and improve website design. We may share this knowledge with site advertisers and reputable partners serving a similar mission. This information does not identify you individually. We put a high priority on the security of your information; to prevent unauthorized access, maintain data accuracy, and help ensure the correct use of information, we have established appropriate and reasonable security procedures (physical, electronic, and administrative) to safeguard and secure the information we collect online.

Electronic Records Disclosure

We keep and store records for each client in a record-keeping system produced and maintained by TheraNest, LLC (“TheraNest”) and practice management applications by Google, Inc (“Google”) and Square, Inc. (“Square”). These systems are “cloud-based,” meaning the records are stored on servers which are connected to the Internet. Here are the ways in which the security of these records are maintained:

- We have entered into a HIPAA Business Associate Agreement with TheraNest, Google, and Square. Because of these agreements, TheraNest, Google and Square are obligated by federal law to protect these records from unauthorized use or disclosure and to train their staff on the proper maintenance of confidential records and to prevent misuse or unauthorized disclosure of these records. The computers on which these records are stored are kept in secure data centers, where various physical security measures are used to maintain the protection of the computers from physical access by unauthorized persons. TheraNest, Google and Square employ various technical security measures to maintain the protection of these records from unauthorized use or disclosure. Some workforce members at TheraNest, Google and Square, such as engineers or administrators, may have the ability to access these records for the purpose of maintaining the system itself. While we and our record-keeping companies both use security measures to protect these records, their security cannot be guaranteed. Our record-keeping companies keep a log of our transactions with the system for various purposes, including maintaining the integrity of the records and allowing for security audits. These transactions are kept for up to 90 days.
 - [TheraNest](#) is an electronic medical record (EMR); it also assists with billing services and appointment reminders. TheraNest is HIPAA-secure (compliant); all data is securely stored using Amazon Web Services. Amazon’s cloud infrastructure is certified, ensures the highest physical security, and guarantees a 99.9% uptime. You can read more at <https://aws.amazon.com/compliance>. Amazon Web Services are also HIPAA and SOC compliant. AWS has achieved ISO 27001 certification and is a Level 1 service provider under the PCI DSS standards. TheraNest performs continuous data backups and snapshots. All data in TheraNest is also encrypted using SSL in transit and at rest. TheraNest also hosts the Client Portal (“TheraBook”) you may elect to use to update contact or insurance information, verify or change appointments, and complete online intake assessment questionnaires.
 - We utilize G Suite Business (formerly Google Apps for Work) for email (“Gmail”), calendar (“Google Calendar”), and Google Drive, which includes Google Docs, Sheets, Slides, Forms, Google Sites, as well as Google Vault. Google utilizes SSL security and two-step verification is enabled. Because we have elected to purchase services through Google, the services are HIPAA-secure (compliant) and a Business Associate Agreement is in place.
 - Square is an electronic payment processor that also offers additional services to its customers, such as electronic invoicing. Square does not retain payment card data on the mobile device or within the application; they encrypt all card-present transactions at the point of swipe, so information remains encrypted throughout transmission. Square utilizes card-processing systems that adhere to PCI Data Security Standard (PCI-DSS), Level 1. We have a Business Associate Agreement in place with Square to utilize their services. Square is our back-up credit card processor.
- We have our own security measures for protecting the devices that we use to access these records:
 - On computers/Chromebooks, we employ firewalls, antivirus software, passwords, and disk encryption to protect the computers/Chromebooks from unauthorized access and thus to protect the records from unauthorized access
 - The free Wi-Fi available in the reception is hosted on a separate, guest-only network, apart from the network we utilize for the use of Electronic Medical Records, Billing, and other practice-related operations
 - With mobile devices, we use passwords, fingerprint identity sensors, remote tracking, and/or remote wipe to maintain the security of the device and prevent unauthorized persons from using it to access our records

To help prevent the loss or damage of records, we keep backups of them. Here is how we keep them backed up:

- We utilize computers to keep and store select client demographic information in the event of an emergency, software malfunction, or for billing reconciliation. The information stored is not clinical in nature but could identify you as a client of the practice. It is stored in a password-protected document on a password-protected user account.
- We store original copies of paperwork signed in a locked file cabinet. The file cabinet is locked behind two additional locked doors within our office. The office building has a secured entry after-hours, a security alarm, a security officer, and passcode access to the floor outside of operating hours.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Information for this Notice

- As protected under *Federal 42 CFR Part 2* regulations, we will only share alcohol and drug use/treatment records with your written permission, when compelled by a Court order, in a medical emergency, pursuant to an agreement with a qualified business associate, or you threaten to commit a crime toward a drug abuse or alcohol program or treatment provider
- Please contact Cami Huysman at Cami@ACTspokane.com or (509) 228-8901 with any questions or concerns
- We never market or sell personal information
- This notice is effective October 1, 2014. It was updated January 23, 2020.