

Notice of Privacy Practices

This notice will inform you of the ways I may use and disclose your personal health record. It will describe your rights to the health information I keep about you including your right to access that information. It will also describe your rights to certain obligations I have regarding the use and disclosure of your health information. This notice applies to all records generated by this practice. Please review it carefully.

I. Effective Date of this Notice

This notice went into effect on May 21, 2025, and remains so unless new notice provisions effective for all protected health information are enacted accordingly.

II. Confidentiality and Record Keeping

Your communications with Danielle Trottier, Licensed Independent Clinical Social Worker Associate (LICSWA) and Trottier Counseling, PLLC will become part of a clinical record of treatment referred to as Protected Health Information (PHI). PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical and mental health, or condition, and related health care services. Under the national Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your PHI.

III. Confidentiality of Protected Health Information

Laws and clinical standards require that I keep your PHI in a clinical record to document the care and services you receive from me. This record is necessary to provide you with quality care and to comply with certain legal requirements and standards of practice.

I am required by HIPAA law to:

- Ensure any PHI that identifies you is kept private.
- Provide you with this notice of my legal duties and privacy practices with respect to your health information.
- Follow the terms of the notice that is currently in effect.

IV. How I May Use and Disclose Health Information

The following categories describe different ways I use and disclose health information. Federal privacy rules and regulations allow health care providers who have a direct treatment relationship with the client to use or disclose the client's PHI without the client's written authorization in certain cases. Not every use or disclosure in a category will be listed as an

example. However, all the ways I am permitted to use and disclose information will fall within one of these three categories: treatment, payment, and health care operations.

V. Categories of Protected Health Information

PHI consists of three components: treatment, payment, and health care operations.

“Treatment” refers to activities in which I provide, coordinate, or manage your mental health care service or other services related to your health care. Examples include therapy sessions, supervision with my clinical supervisor, communications with your primary care provider regarding your medications, confidential consultations between licensed health care providers to assist in diagnosis, referrals of a client for health care from one licensed health care provider to another, etc.

“Payment” refers to the reimbursement Trottier Counseling, PLLC obtains for your mental health care or other services related to your health care.

“Health care operations” refers to activities related to the practice’s performance. Examples include scheduling appointments, sending appointment reminders, billing invoices, keeping financial records, etc.

VI. Client Authorization

Certain uses and disclosures require your authorization.

“Authorization” is defined as a document signed and dated by the individual who authorizes use and disclosure of protected health information for reasons other than treatment, payment, or health care operations. Disclosure refers to activities you authorize such as the sending of your PHI to other parties including other health care providers. If you request Trottier Counseling, PLLC to send your PHI to an outside party, you must first sign a specific authorization to release information to this party. A copy of that authorization form will be provided upon request.

VII. Psychotherapy Notes

HIPAA recognizes the importance of a trusting, private relationship between therapists and their clients. Thus, the law allows therapists to keep a second set of private notes called psychotherapy notes. These personal notes are kept separate from the overall designated medical record.

- Psychotherapy notes are intended for the therapist’s personal use and are neither written for nor meant to be seen by anyone besides the therapist.
- Psychotherapy notes are different from progress notes.

- Progress notes contain basic treatment and record-keeping information. These notes are a part of the designated medical record and may include any of the following PHI: assessments, diagnoses, treatment plans, modalities of treatment, session start and stop times, symptoms, functional status, prognoses, medication information, etc.
- Psychotherapy notes receive special protections that guard them from normal disclosure, authorization, and release. However, I may still be required to disclose psychotherapy notes in the following cases:
 - 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. For the prevention of serious threat to health or safety.
 - e. For the lawful duties of coroners or medical examiners.

VIII. Marketing Purposes

I will not use or disclose your PHI for marketing purposes without your prior authorization.

IX. Sale of PHI

I will not sell your PHI.

X. Uses and Disclosures that do not Require your Authorization

In certain situations, I may be required by state or federal law to use or disclose your PHI without your authorization. When disclosure is mandated by law, I must meet certain legal conditions before I can share your information. In such cases, disclosure is limited to the relevant requirements of such law.

- a. For public health activities including reporting suspected child, elder, or dependent adult abuse, or for preventing or reducing a serious threat to your or anyone else's health or safety. Authorization may be obtained retroactively in emergency situations to mitigate a serious or immediate threat to health or safety, or if you are unconscious.
- b. For health oversight activities including audits and investigations.
- c. For judicial and administrative proceedings including responding to a court or administrative order. I may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process. Efforts will be made to inform you of such a request and/or to obtain an order protecting the information requested if allowed by the court or administrative officials.
- d. For law enforcement purposes including reporting crimes related to Trottier Counseling, PLLC.

- e. For research purposes, 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, although efforts will be made to obtain an authorization from you before any such research commences.
- f. Specialized government functions including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.
- g. For workers' compensation purposes. Although efforts will be made to obtain an authorization from you, I may provide your PHI to comply with workers' compensation laws.
- h. For organ and tissue donation requests.

XI. Client Rights

You have the following rights with respect to your PHI:

a. The Right to Request Limits on Uses and Disclosures of Your PHI.

You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe such an action would affect your health care.

b. The Right to Choose How I Send PHI to You.

You have the right to ask me to contact you in a specific way such as via phone or email, or to send mail to a different address, and I will agree with all reasonable requests.

c. The Right to View and Receive Copies of Your PHI.

Except in circumstances that involve a serious danger to yourself or another person, or in circumstances where your PHI refers to another person (besides a health care provider) and I believe access to your PHI is reasonably likely to cause harm to such another person, or in circumstances where information in your PHI has been supplied to me confidentially by others, you have the right to receive an electronic or paper copy of your clinical record and other personal information provided your PHI is maintained in that record. I will send a copy of your clinical record (or, if you agree, a summary of it) within 30 days of receiving a signed and dated written request.

d. The Right to Receive a List of the Disclosures I Have Made.

You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations as well as other disclosures (such as any you ask me to make). Unless you request a shorter time, this list will include disclosures made within the last six years. I will respond within 60 days of receiving a signed and dated written request. I will provide the list to you at no charge, but if you make more

than one request in the same year, I may charge you a reasonable cost-based fee for each additional request.

e. The Right to Correct or Update Your PHI.

If you believe there is a mistake in your PHI or that important information is missing from your medical record, you have the right to request I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.

f. The Right to Get a Paper or Electronic Copy of this Notice.

You have the right to receive a paper or electronic copy of this notice.

g. The Right to Request I Disclose Your PHI.

You have the right to request I provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment of your care, in which case I would obtain an authorization from you.

h. The Right to Choose Someone to Act for You.

You have the right to appoint a medical power of attorney to make medical decisions on your behalf. A legal guardian may also make choices about your health care and health information.

i. The Right to Revoke an Authorization.

You have the right to revoke authorization of your PHI except to the extent that action has already been taken.

j. The Right to Opt out of Communications.

You have the right to request I no longer communicate with you. However, I may be required by law to contact you regarding certain information or events such as a data breach.

k. The Right to File a Complaint.

You have the right to file a complaint if you feel I have violated your rights or if you believe I have conducted myself unprofessionally regarding ethics or standards of practice. A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. I will not retaliate against you for filing a complaint.

- i. You may report a complaint to me using the contact information on Page 1.
- ii. You may send a written complaint to the Secretary of the U.S. Department of Health and Human Services.
- iii. You may file a complaint with:
Health Systems Quality Assurance Complaint Intake
Post Office Box 47857
Olympia, WA 98504-7857

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Updated May 21, 2025

Phone: 360-236-4700
E-mail: HSQAComplaintIntake@doh.wa.gov

XII. Changes to this Notice

I reserve the right to change the terms of this notice. In this case, such changes will apply to all the information I have about you, and the new notice will be available upon request and on my website, <https://www.trottiercounseling.com>

CLIENT'S AUTHORIZATION

I, the undersigned, acknowledge I have viewed, read, and understand the complete contents of the document titled Notice of Privacy Practices. I have had the opportunity to ask questions and seek clarification, and I agree to its terms. I sign this document voluntarily.

Signature: _____ **Date:** _____

Legal Name: _____