

**HIPAA NOTICE OF PRIVACY PRACTICES**

*SUSAN ROSS, MSW, LISCW      ADDING SOLUTIONS*  
*1400 - 112th Avenue SW, Bellevue, WA 98040*  
*206-861-9577      [www.susanross.com](http://www.susanross.com)*

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

This notice is effective as of April 14, 2003. Client information is only used and released only in accordance with state and federal laws and the ethics of the counseling profession. This notice describes policies related to the use and disclosure of client's healthcare information.

Use and disclosure of protected health information for the purposes of providing services: Your information is used to provide treatment services, collect payment for services and to conduct any necessary healthcare operations to ensure quality care. State and federal laws allow me to use and disclose your health information for these purposes.

**Treatment:** I may use and disclose healthcare information in order to provide treatment, manage and coordinate your care. I may occasionally consult with other healthcare professionals but make every effort to keep the identity of my client confidential. I may also share your information in order to coordinate care with other agencies and to provide referrals for care.

**Payment:** I may use and disclose your information in order to verify insurance and coverage if applicable, to process claims and to collect fees for services. Only the minimum amount of information necessary to collect fees will be disclosed.

**Healthcare Operations:** Your healthcare information may be used to review treatment procedures and business activities, staff training and certification, to ensure compliance and for licensing activities.

Other uses and disclosure without your consent include mandated reporting, emergencies that may arise, criminal proceedings, appointment scheduling, treatment alternatives and any other disclosures required by law.

I will always treat your personal and health information with care and will limit any disclosures of that information to the minimum necessary. By signing this form you are acknowledging that you have read it and understand why and how your information may be used. You are also stating that you agree to the uses and disclosures of your personal and health information as outlined above.

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Client Signature

Date