

**Notice of Privacy Practices for Protected Health Information**  
**Andrea Jacobson, M.D., Ph.D.**

**Please read this notice carefully. It will tell you:**

- 1. how medical information about you may be used and disclosed**
- 2. how you can get access to medical information.**

The information created and obtained in providing services to you is protected health information. This information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing for those services.

Dr. Jacobson's office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Here are some examples of each of these 3 different uses and disclosures.

**Examples of Uses of Your Health Information for Treatment Purposes are:**

---Dr. Jacobson finds out you injured your head seriously in an accident five years ago. She decides she needs to consult with a neurologist to find out if the head injury is causing you problems now. She will share information with the neurologist and obtain his/her input.

----In the course of treatment, you develop unusual psychiatric symptoms. Dr. Jacobson decides she needs to consult with a specialist about these symptoms. She will share information with that specialist and obtain his/her input.

Dr. Jacobson's usual way of handling such situations is to tell you first who she wants to share information with, what she wants to tell them, and why, and ask for your authorization. If it was medically urgent or you were ill and unable to give authorization, Dr. Jacobson would proceed to provide your health information for treatment purposes without your authorization. She would notify you as soon as possible of whom she had talked with, what she had disclosed, and why.

Dr. Jacobson regularly participates in peer consultation work in order to maintain and improve the quality of treatment she can provide you. Any discussion of issues in your treatment would be presented to her colleagues without identifying information. If you have any concerns about this, please discuss it with Dr. Jacobson.

**Example of Use of Your Health Information for Payment Purposes:**

You are responsible for payment for your psychiatric treatment. If you have asked Dr. Jacobson to bill your health insurance company, she will submit requests for payment to that health insurance company. The health insurance company (or other business associates helping us obtain payment) request information from us about the psychiatric treatment you have been given. We will provide information to them about you and the care given.

The information requested typically includes your diagnosis. It does not typically include reviewing the details of your chart. If your health insurance company makes such a request for chart review, Dr. Jacobson will discuss the available options with you. (including offering to substitute a summary letter). At your request, Dr. Jacobson will refuse to provide detailed

information to the degree permissible by law and related business contracts. If that refusal resulted in refusal of payment by your insurance company, you would then be responsible for out-of-pocket payment of pending and future treatment costs.

### **Examples of Use of Your Health Information for Health Care Operations:**

Dr. Jacobson may obtain services from insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidance development, training programs, credentialing, medical review, legal services and insurance. Dr. Jacobson will share information about you with such insurers or other business associates as necessary to obtain these services.

### **Your Health Information Rights – including how you can get access to medical information**

The health records and the billing records that are maintained by Dr. Jacobson and her business associates are the physical property of Dr. Jacobson and her business associates. That means you can't take your actual medical records and billings records and keep them. But the information in these records does belong to you. You have many rights with respect to these records.

#### **You have a right to:**

1. Ask for a restriction on certain uses and disclosures of your health information by delivering the request to Dr. Jacobson's office. Dr. Jacobson is not required to grant the request, but she will comply with any request she grants.
2. Get a copy of the current Notice of Privacy Practices for Protected Health Information by requesting it from Dr. Jacobson.
3. Ask to be allowed to inspect and copy your health record and billing record. You may exercise this right by delivering the request to Dr. Jacobson's office. In some cases a copying fee will be charged.
4. Appeal a denial of access to your protected health information, except in certain circumstances.
5. Ask to have your health care record changed to correct incomplete or incorrect information. To do this, you should deliver a request to Dr. Jacobson's office. Dr. Jacobson may deny your request if you ask to have changed information that:
  - a. Was not created by Dr. Jacobson or her associates, unless the person or entity that created the information is no longer available to make the amendment.
  - b. Is not part of the health information kept by or for Dr. Jacobson's office.
  - c. Is not part of the information that you would be permitted to inspect and copy,  
or
  - d. Is already accurate and complete

If your request to have your health care record changed is denied, you will be informed of the denial. You will also have a chance to have a

statement of disagreement be maintained with your records.

6. Ask that communication of your health information be made by alternative means or at an alternative location by delivering the requesting in writing to Dr. Jacobson's office.
7. Get a list of disclosure of your health information by delivering a written request to Dr. Jacobson's office. Dr. Jacobson is required by law to maintain that list. The list will not include uses and disclosure of information for treatment, payment, or operations; disclosure or uses made to you or made at your request; uses or disclosures made in accordance with an authorization signed by you; uses or disclosure made to family members or friends relevant to that person's involvement in your care or in payment for such care; or, uses or disclosure to notify family or others responsible for you care of your location, general condition, or your death.
8. Cancel authorizations that you made earlier to disclose or use information, except to the extent information or action has already been taken. To cancel authorizations you must deliver a written revocation to Dr. Jacobson's office.

If you want to exercise any of these health information rights, please contact Dr. Jacobson, (206) 860-2437, 2910 E. Madison, #209, Seattle WA 98112 during regular business hours. She will inform you of the steps that need to be taken to exercise your rights.

### **Dr. Jacobson's Office's Responsibilities**

#### **Dr. Jacobson's office is required to:**

1. Maintain the privacy of your health information as required by law.
2. Give you a notice her duties and privacy practices in regards to the health collected and maintained about you.
3. Act according to the terms of the Notice of Privacy Practice for Health Information ("Notice")
4. Notify you if her office can not accommodate a requested restriction or request, and
5. Accommodate your reasonable requests about ways to communicate health information with you.

Dr Jacobson's office keeps the right to amend, change or eliminate provisions in our privacy practices and access policies. We can make new provisions about the protected health information that we maintain. If we change our information practices, we will change our "Notice." You may receive a revised copy of the "Notice" by calling and requesting a copy of it, or by visiting Dr. Jacobson's office and picking up a copy.

#### **To Request information or File a Complaint**

If you have questions, or want more information, or want to report a problem about the handling of your information you may contact: Dr Andrea Jacobson, (206) 860-2437

Also, if you believe your privacy rights have been violated, you may file a written complaint by delivering it to Dr. Jacobson at her office. You may also file a complaint by mailing or e-mailing it to the Secretary of Health and Human services, whose street address and e-mail are:

Dr. Jacobson will not, and is not allowed, to require you to waive the right to file a complaint with the Secretary of Health and Human services as a condition of receiving treatment from her office.

Dr. Jacobson cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

### **Other Disclosure and Uses**

#### **1. Communication with Family**

Sometimes Dr. Jacobson may wish to disclose to a family member, other relative, close personal friend, or any other person you identify the health information that is relevant to that person's involvement in your care or payment for your care. Dr. Jacobson will do this if you do not object or in an emergency.

#### **2. Notification**

Unless you object, we may use or disclose your personal health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

#### **3. Worker's Compensation**

If you are trying to get compensation through Worker's Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Worker's Compensation.

#### **4. Abuse and Neglect**

We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

#### **5. Public Health**

As authorized by law, we may disclose your protected health information to public health or legal authorities who are charged with preventing or controlling, disease, injury, or disability. We may disclose your protected health information to report reactions to medications or problems with products, to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

Colorado State law may give you additional privileges and protections.

**If you have questions or concerns about any of these privacy practices, now or in the future, please discuss them with Dr. Jacobson.**

Effective Date: April 14, 2003