

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully!

Life Balance Northwest LLC is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Professional Records: The laws and standards of this profession require that we keep protected health information (PHI) about you in medical record. Except in unusual circumstances that involve danger to yourself and/or others, you may examine and/or receive a copy of your clinical record if you request it in writing. Because these are professional records, they can be confusing if read without the guidance of a mental health professional. For this reason, we recommend that you initially review them in the doctor's presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, we are allowed to charge a copying fee of \$25.00 or more. If the request for access to your records is denied, you have a right of review, which will be discussed with you upon your request. Insurance companies can request and receive a copy of your clinical record.

Patient Rights: HIPAA provides you with rights with regard to your clinical record and disclosures of PHI. These rights include requesting that the doctor at Life Balance Northwest LLC amend your record; requesting restrictions on what information from your clinical record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about Life Balance Northwest LLC policies and procedures recorded in your records, and the right to request a paper copy of this Agreement.

Privacy for Minors: As with adults, privacy is an important aspect of treatment for patients under 18 years of age. While parents and guardians may be included in the session of a minor, siblings and others are not allowed to attend unless invited by the psychiatrist. Parents and guardians should be aware that children may not be left in the waiting area without adult supervision.

Treatment of Minors: Treatment of patients under the age of 18 will be provided only with the consent of the parent or legal guardian. In cases of divorce, a copy of the custody agreement must be provided. Most custody decrees entitle the non-custodial parent to access the health record without consent from the custodial parent. By signing the consent form on page 3 of this document, the client acknowledges that he or she is the guardian (as established by the state or the divorce decree) of any minor presented for treatment. Patients under 18 years of age (who are not emancipated) and their parents should be aware that the law may allow parents to examine their child's treatment records. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

***If the patient is a minor, he/she will not be seen without his/her legal guardian present.**