

Beyond Barriers Therapy PLLC
Bonney Lake, Washington
253.330.5151 (Direct)
253.426.3321 (Fax)
Lauren@beyondbarrierstherapy.co

NOTICE OF PRIVACY PRACTICES

Beyond Barriers Therapy PLLC
Bonney Lake, Washington
253.330.5151 (Direct)
253.426.3321 (Fax)
Lauren@beyondbarrierstherapy.co

Effective Date: 2.1.26

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.

OUR LEGAL DUTY

Beyond Barriers Therapy PLLC is required by federal law (HIPAA) and Washington State law to:

- Maintain the privacy of your Protected Health Information (PHI)
- Provide you with this Notice of Privacy Practices
- Abide by the terms of this Notice
- Notify you in the event of a breach of unsecured PHI

This Notice applies to all records created and maintained by this practice.

We reserve the right to change this Notice at any time. Any revised Notice will apply to all PHI we maintain and will be available upon request, in our office, and electronically.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

PHI includes information that:

- Identifies you, and
- Relates to your past, present, or future physical or mental health condition,
- Or relates to the health care services you receive.

Your health record may include evaluations, treatment notes, billing records, demographic information, and communications.

HOW WE MAY USE AND DISCLOSE YOUR PHI

1. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your occupational therapy services. This may include consultation with other healthcare providers involved in your care.

2. Payment

We may use and disclose your PHI to obtain payment for services, including submitting claims to insurance companies or billing you directly.

3. Healthcare Operations

We may use and disclose your PHI for practice operations, including supervision, consultation, quality improvement, administrative, legal, and financial functions.

USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

We may disclose PHI without your written authorization when required or permitted by law, including:

- Mandatory reporting of child abuse or neglect
- Vulnerable adult abuse reporting
- Court orders or subpoenas
- Health oversight audits or investigations
- Law enforcement purposes under specified conditions
- To prevent serious threat to health or safety
- Public health reporting
- Disclosures to the U.S. Department of Health and Human Services for compliance investigations

USES THAT REQUIRE WRITTEN AUTHORIZATION

We must obtain your written authorization for:

- Marketing communications
- Sale of PHI
- Most disclosures of psychotherapy notes (if maintained separately)
- Any other use not described in this Notice

You may revoke authorization in writing at any time. Revocation does not apply to actions already taken in reliance on your authorization.

INCIDENTAL DISCLOSURES

While we take reasonable safeguards to protect your PHI, certain incidental disclosures may occur as part of permitted uses (for example, appointment reminders). These are allowed under HIPAA when reasonable safeguards are in place.

MINORS AND CONFIDENTIALITY (WASHINGTON STATE)

Under Washington law:

- Minors age 13 and older may consent to outpatient mental health services.
- Certain confidentiality protections may apply in these circumstances.
- For children under 13, legal guardians generally have access to records unless otherwise restricted by law.

Beyond Barriers Therapy PLLC complies with both HIPAA and Washington State confidentiality laws.

YOUR RIGHTS REGARDING YOUR PHI

You have the right to:

Access

Inspect and obtain a copy of your records. Requests must be in writing. Reasonable cost-based fees may apply.

Amend

Request corrections to your record. We may deny certain amendment requests but will provide written explanation if denied.

Accounting of Disclosures

Request a list of disclosures made for purposes other than treatment, payment, or operations within the past six years.

Request Restrictions

Request limits on certain disclosures. We are not required to agree to all requested restrictions.

Confidential Communications

Request communication by alternative means or at alternative locations.

Breach Notification

Be notified if your unsecured PHI is breached.

Copy of This Notice

Receive a paper or electronic copy of this Notice.

File a Complaint

File a complaint without retaliation.

RECORD RETENTION

In accordance with Washington State best practice standards:

- Adult records are retained for a minimum of 6 years from the last date of service.
- Minor records are retained for at least 6 years after the minor reaches age 18.

Records are securely destroyed after required retention periods.

CONTACT INFORMATION

Privacy Officer: Lauren Rien, OTR/L
Beyond Barriers Therapy PLLC
Bonney Lake, Washington
253.330.5151

If you believe your privacy rights have been violated, you may file a complaint with:

- Beyond Barriers Therapy PLLC
- Washington State Department of Health
- U.S. Department of Health and Human Services

There will be no retaliation for filing a complaint.