

NOTICE of PRIVACY PRACTICES

Lucid Synchronicity, LLC d.b.a. Sarah A. Coombs LMHC, LPC, NCC
1112 Daniels St, Suite 230 Vancouver, WA 98660
971.258.2965

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

Sarah A. Coombs, LMHC, LPC, NCC is required by law to maintain the privacy of protected health information. We are required to notify you of our legal duties and privacy practices with regard to protected health information. We are further required to adhere to the terms of this notice. We will handle your protected health information only as allowed by the federal and state law according to the practice's policies, using the most rigorous law that protects your health information. The Privacy Rule protects all "*protected health information*" (PHI) including individually identifiable health or mental health information held or transmitted by a covered entity in any format, including electronic, paper, or oral statements.

Each time you receive services from Sarah A. Coombs, LMHC, LPC, NCC your provider makes a record of the visit. Typically, this record contains assessment information, diagnoses, any changes in functioning, interventions, plans for future care or treatment, and billing-related information. You should be aware of the following rights concerning your protected health information.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Sarah A. Coombs, LMHC, LPC, NCC you have the right to:

Inspect and Copy:

You have the right to request to inspect and/or obtain a copy of your medical record. You must make the request via your provider. The right is not absolute. If access could cause harm, your request can be denied. If denied, you will be given a timely written notice that includes reason for denial. The notice will become part of your record.

Amend:

You have the right to request an amendment of your medical record if you believe the information in the record is inaccurate or incomplete. You have the right to request an amendment for as long as the information is kept by or for Sarah A. Coombs, LMHC, LPC, NCC. The request must be made to your provider Sarah A. Coombs, LMHC, LPC, NCC. We reserve the right to deny your request for appropriate reasons. If denied, you will be provided a written explanation.

An Accounting of Disclosures:

You have the right to request an accounting of disclosures. This pertains to disclosures we make of your health information for purposes other than treatment where an authorization was not required.

Request Restrictions:

You have the right to request from your provider a restriction regarding the use or disclosure of your protected health information. Your request will be given serious consideration. You will be promptly informed as to whether we can honor the requested restriction while continuing to offer effective services, receive payment and maintain health care operations. We are not legally required to agree to your request. If we agree to do so, we are bound by agreement except under certain emergency situations.

Request Confidential Communications:

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work instead of your home. Sarah A. Coombs, LMHC, LPC, NCC will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services and related correspondence. We reserve the right to contact you by the other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

A Paper Copy of this Notice:

You have the right to a paper copy of this notice at any time upon request.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

Upon signing Sarah A. Coombs, LMHC, LPC, NCC's consent form and financial agreement you are allowing us to see the disclosure and necessary information about you within the practice and with business associates in order to provide treatment/services, receive payments and conduct day to day health care operations. Some examples of this are listed below.

Fair Treatment:

We may use and disclose health information about you via consultation with other providers in an effort to render the best possible services to you.

For Payment:

We may use and disclose health information about your treatment and services to bill and collect payment from you, the designated responsible party or a third party insurance payer. If applicable, we may also tell your health plan about treatment you are going to receive to determine whether your plan will cover services.

For Health Care Operations:

- In scheduling efforts
- Other professional staff within the office may view or handle your chart in the course of daily office operations. When disclosing information, primarily appointment scheduling and billing/collections efforts, we may leave messages on your answering machine/voice mail.

Emergencies

We may use or disclose necessary protected health information about you in an emergency situation. In the event that this occurs, we will notify you as soon as reasonably possible.

Specific Circumstances for Disclosures

Federal and state law allows Sarah A. Coombs, LMHC, LPC, NCC to disclose health information about you in the following specific circumstances:

- As required by law. For example, reports required for public health purposes such as report of certain contagious disease.
- Judicial and administrative proceedings such as an order from a court legal counsel for Sarah A. Coombs, LMHC, LPC, NCC.

Substance Abuse Regulations

The use and disclosure of protected health information for substance abuse patients is subject to additional regulations under federal law. Some regulations may prohibit the uses and disclosures provided in this notice. If such a case occurs, adherence to the more restrictive regulation will apply.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply may be made only with your written permission. If you provide permission to disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will not longer disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain your records of the care provided to you.

Changes to Privacy Practices

We reserve the right to change this notice at any time.

For additional information concerning our Privacy Policy or the federal and state laws pertaining to our policy, please contact:

- Sarah A. Coombs LMHC, LPC, NCC
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