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***This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access To This Information. Please Review This Document Carefully.***

*As part of my professional practice, I maintain personal information about you and your health. State and Federal law protects such information by limiting its uses and disclosures. "Protected health information" (PHI) is information about you, including demographic information, that may identify you, and that relates to your past, present or future physical or mental health condition, the provision of health care services, or the past, present or future payment for the provision of health care.*

***Regarding Your Private Health Information (PHI), You have the Following Rights:***

- To inspect and copy: You have the right, which may be restricted only in certain limited circumstances to inspect and copy your PHI that I maintain. I may charge a reasonable, cost-based fee for copies.*
- To Amend: If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.*
- To an Accounting of Disclosures: You have the right to request a copy of the required accounting of disclosures that I make of your PHI.*
- To Request Restrictions: You have the right to request restriction or limitation on the uses or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.*
- To Request Confidential Communication: You have the right to request that I communicate with you in a certain way or at a certain location. I will accommodate reasonable requests and will not ask why you are making the request.*
- To a Copy of This Notice.*
- Of Complaint: You have the right to file a complaint in writing with me or with the Secretary of Health and Human Services if you believe I have violated your privacy rights. I will not retaliate against you for filing a complaint.*

**My Uses and Disclosures of PHI for Treatment, Payment, and Health Care Operations.**

**Treatment:** I may use your PHI for the purpose of providing you with health care treatment. To coordinate and manage your care. I may disclose your PHI to others of your current providers and to the extent you have not raised an objection in writing, to your prior providers, or to other persons, including family members involved in your care.

**Payment:** I may use your PHI in connection with billing statements and my system for tracking charges and credits to your account. In addition, but not with your authorization, I may disclose your PHI to third party payers to obtain information concerning , benefit, eligibility, coverage, and remaining availability, as well as to submit claims for payment and to disclose PHI for medical necessity and quality assurance reviews.

Anything you say to me is confidential unless you have signed a “Consent for Release of Confidential Information” form giving me permission for information to be shared for a specific purpose. There are Three exceptions when I must by law make some report.

1. **Child Abuse:** Washington State law require that any helping person-therapists, school personnel, doctors, nurses, social workers, etc.,- report any suspected or current physical or sexual abuse or neglect of a child to the Department of Social and Health Services, Child Protection Services Division.
2. **Life Threat:** If you communicate the possibility of immediate or imminent threat of harm to yourself or others, I may by law break confidentiality in order to intervene.
3. **Subpoena:** In some circumstances I could be subpoenaed into court and required to share information concerning your treatment.

There are also two other exceptions I engage when working with children and their families.

1. **Substance Use:** If I have reason to believe your child is using substances and you as a parent do not know. I will advise the parents of my suspicion by mutual agreement with the youth and parent.
2. **Breaking the law:** If I have reason to believe your child is breaking the law and you as a parent do not know, I will advise the parents of my suspicions.

If any of these circumstances should arise, whenever possible, I will discuss my concerns and the content of any information to be shared with others and the reason for making an exception to confidentiality.

**Notice:**

The following information is required by law to be a part of this disclosure statement. “Social Workers practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of the Public Health and Safety. Registration of an individual with the department does not include a recognition of any practice standard nor necessarily imply the effectiveness of any treatment” Washington

*Administrative Code.*

**Client records** are kept as hard copies for at least eight years of the last counseling date or eight years past date of 18<sup>th</sup> birthday in the event of the client being a minor. Copies of the chart notes are maintained electronically and when time permits, moved to independent external hard drive. These paper and electronic records will be maintained in checking for errors and correcting any errors as well as updating the notes while counseling services are provided, and after services are provided, when transferring data to external hard drive. For services in which you were present, and if any consent for release of information is required and signed, you generally may review your hard-copy chart, which may be restricted only in certain limited circumstances. The electronic form of charts are not generally available for review to anyone but this therapist since it contains various client records, just as a file cabinet with various client records would not be available for review to anyone but this therapist. Once the eight years of the last counseling date for adults and eight years past a minor's 18<sup>th</sup> birthday has occurred, the hard-copy records will be reviewed by this therapist and this therapist will decide whether or not to shred the chart. Since this takes time and only this therapist will be doing the reviewing and shredding, the "eight years" previously referred to is not set precisely. Electronic copies of charts will remain in a locked setting as do the paper charts.

**Acknowledgements:**

Your signature below acknowledges that:

1. You have read and understood My Disclosure Statement and have had the opportunity to ask any questions you may have.
2. You understand your rights to confidentiality and the possible abridgements and limitations to them.
3. You have received a copy of a Notice of Privacy Practices.
4. You have received a copy of the State of Washington, Department of Licensing brochure for Counseling or Hypnotherapy Clients.
5. You request and consent to receive counseling or psychotherapy services from Stephen T. Wilson MSW, LICSW, and you understand that you participate in determining which services you receive, and that you have the right to refuse specific services.

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*Client Signature*

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*Date*

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*Therapist Signature*

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*Date*