

*Integrative Psychiatry Northwest PLLC*

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.

This Notice of Privacy Practices (the "Notice") describes how Integrative Psychiatry Northwest PLLC ("Integrative Psychiatry Northwest" or "iPNW" or "the company") may use and disclose your protected health information ("PHI") to carry out treatment, payment or business operations and for other purposes that are permitted or required by law. This notice also describes your rights to access and control your protected health information.

**Uses and disclosures**

Your PHI may be used and disclosed by iPNW and its providers for the purpose of providing care services to you and any other use authorized and/or required by law.

Your PHI may be used to bill or obtain payment for your health care services. This may occur if your health insurance plan requests PHI to make a determination of eligibility for benefits or requests PHI if reviewing services for medical necessity.

Use or disclosure of your PHI without your authorization may occur for public health purposes, for abuse or neglect reporting, and other situations as required by law.

**Revisions**

iPNW reserves the right to revise this Notice and to make the revised Notice effective for PHI already retained about you as well as any information received in the future. You are entitled to a copy of the Notice currently in effect.

**Privacy and security**

iPNW will notify you if a breach of your PHI is discovered. Notification will be made to you and shall include a brief description of how the breach occurred, the PHI involved and contact information for you to ask questions.

**Patient rights**

- You have the right to inspect and receive a copy of your protected health information as well as an accounting of certain disclosures.
- You may request access to or an amendment of your protected health information.
- You have the right to request a restriction on the use or disclosure of your protected health/personal information.
- You have the right to request confidential communications via alternate address or phone number.
- You have the right to obtain a copy of this Notice, upon request.

The Department of Health and Human Services may be contacted in the event you have any questions or concerns pertaining to your rights:

U.S. Department of Health and Human Services  
Centralized Case Management Operations U.S.  
Department of Health and Human Services 200  
Independence Avenue, S.W. Room 509F HHH  
Bldg.  
Washington, D.C. 20201