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NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

I am committed to your privacy: I am dedicated to maintaining the privacy of your personal health information (PHI) as part of providing care to you. I am required by law to keep your information private. This is a shortened version of this law. Please feel free to ask any additional clarifying questions.

The great majority of the time, your consent is required for me to disclose your health information for the purpose of providing treatment which may require communicating with other professionals.

Your signature on my Therapy Disclosure Statement implies that you consent to be treated by me. If we decide together that records should be exchanged with other professionals, I will give you a separate form to sign.

Why I might use or disclose your protected health information without your consent: This is a rare occurrence. However, in the event that something that you tell me involves a threat to you or another's safety or health, I will share with the appropriate persons only such information that prevents or reduces the threat. I will, as required, be in compliance with a legal request regarding court proceedings, to law enforcement officials, or as relevant for worker's compensation.

Your rights regarding your health information:

1. You can ask me to get in touch with you in a particular way that seems more private.
2. You can ask me to limit what we tell people involved in your care.
3. You have the right to look at the records I keep and request a copy or summary at any time.
4. If you believe that your records are inaccurate or incomplete, you can request that I amend them.
5. You have a right to keep a copy of this notice.
6. As I am my own Privacy/Security Official, if you have any concerns or questions that I have in some way violated your privacy rights, please contact me directly. You also have the right to file a complaint with the US Secretary of the Department of Health and Human Services. I will not retaliate against you for any action you deem necessary.

I have read, understand and agree to this statement. I have had the opportunity to ask and have my questions answered.

Client _____

Date _____

Client _____

Date _____

What is your preferred method of contact? ___cell ___email ___either

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