

Robin Adler, MSW, LICSW

Psychotherapist
License #LW00008096

Notice of Privacy Practices (NPP)

This notice describes how healthcare information about you may be used and disclosed as well as how you can access this information. Please review this document carefully and feel free to ask me any questions about this information.

What is a Notice of Privacy Practices (NPP)?

State and Federal laws require that I provide you with this Notice which is intended to help you make informed choices as you begin psychotherapy. This document provides information about your legal rights as a psychotherapy client, including what you should expect in regards to privacy and confidentiality. The legal responsibility of selecting a clinician and treatment modality that meets your needs falls on you so I will also provide you with a copy of my Policies and Practices which outlines my experience, my approach to psychotherapy, my practice policies, fees and billing information, and the therapeutic process. You can ask me questions about this information at any time.

Your Legal Rights, Privacy and Confidentiality

- You have the right to refuse or end treatment at any time.
- You have the right to confidentiality, including the information that you are a psychotherapy client, *except* as explained below. Your right to privacy is of utmost importance, and in fact is the most important right you have as a psychotherapy client. There are several legal exceptions to confidentiality that are state and federal law, but my policy and practice is to keep confidential all the information that you discuss with me, and to not reveal it to any other person or agency without your written permission.
- In the event that I ask you to provide me with written permission to reveal something about you or our work together to someone else, and you give me permission to do so, you also have the right to revoke that permission.

The exceptions are:

- *To report suspected abuse or neglect of a child, a dependent adult, or a developmentally disabled person;*
- *To interrupt potential suicidal behavior;*
- *To intervene against threatened harm to another person;*
- *When required by court order or other compulsory process.*
- If you become involved in legal proceedings, you may be entitled to obtain a judicial ruling that my records and my recollections pertaining to you are privileged and should be excluded from admission into evidence. If this should occur, it is my preference to work with you to prevent or limit such disclosures. However, you are responsible for claiming privilege in a timely and an acceptable manner. I recommend that you seek your own legal counsel for a full explanation of privilege and for possible assistance in properly asserting a privilege claim.

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- Disclosures may also be permitted if you sign a written authorization.
- If you file a claim against me, you waive your right to keep your information confidential.
- If you make a payment by check bank employees are permitted to view your name.
- If you have caller identification on your phone, my name may appear on your monitor. You have the right to confidential communications regarding your private healthcare information, which includes the fact that you are my client. Therefore, I will not divulge specific information to anyone who answers your home or work phone, and/or you can request that I use a specific phone number should I need to contact you by phone. You can also request that I use an alternate mailing address if communication by mail is necessary.
- If you are being seen with another person present, I can make a request that each person respect the other's rights to privacy, but I cannot guarantee this request will be honored.
- As an ongoing part of my clinical development and in an effort to provide you with the best possible care, I consult regularly with a licensed clinical social worker. Should I discuss your therapy with my consultant or any other clinician, I will only relate the content of our work together. You will not be named, nor will I share any details of your life that might identify you. If you have any concerns or questions about this please let me know.
- You have the right to request restrictions on certain uses and disclosures of your healthcare information. For example, you may ask me to speak to your physician, but not want me to acknowledge all that you have told me. As a treating clinician, I am legally obligated to agree to your request for restriction, but if I believe sharing the information is required for optimum care or safety, I would want us to make a mutual decision about how to proceed.
- You have the right to request a written accounting of the disclosures I have made of your healthcare information (if any). The law allows may exceptions to this accounting, but my preference and practice is for you to know of any disclosures before they occur.
- You have the right to have this written copy of my Notice of Privacy Practices.
- I am required by law to abide by the terms of this document, though I am also legally allowed to change the terms, and to make the provisions of any modified version effective for all private healthcare information in my care. You may request that a copy of a modified version be given or sent to you, or you may access a current electronic version in the "forms" section of my website at: robinadlertherapy.com.

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- Your contract with your health insurance company requires that I provide information relevant to the services I provide you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plan summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. I will provide you with a copy of any report I submit, if you request it.

Professional Records

I do keep a record of dates of service and fees as well as notes to assist me in my work. I make a practice of not keeping too much personal data in these notes, and I observe security precautions to protect confidentiality. You have the right to review your record if you desire. You also have the right to correct the record if you believe the information is in error. A copy of your corrections to my record will be placed within your record at your request.

Complaints

If you believe that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may file a complaint in writing with me and/or with the Secretary of the Washington State Department of Health. I will NOT retaliate against you for filing a complaint.

You may contact the Washington State Department of Health at (360) 236-4700 or by writing to Department of Health, Health Professions Quality Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869.

Your Contract for Treatment

Once you have had an opportunity to read this document and ask me whatever questions you might have about its content or your protected healthcare information, I will ask you to sign an addendum which states that you have received a copy of this document, that you have had a chance to ask questions about it, and that you understand it. The signed addendum is our written contract to enter into the therapeutic process.