

# Timothy S. Cahn, Ph.D.

## Psychology

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### Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

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

This document contains important information about my professional services and business policies. It also summarizes information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your personal health information used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with this Notice of Privacy. Please read this document carefully. The law requires that I obtain your signature acknowledging that I have provided you with this information. When you sign this document, it will also represent an Agreement between us. You may revoke this Agreement in writing at any time.

#### USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Your protected health information may be used or disclosed for the purposes of: treatment, payment, and health care operations, with your consent. Examples of use and disclosures:

##### TREATMENT

Information obtained by Dr. Cahn will be recorded in your medical record and used to help decide what care may be right for you. We may also provide information to others providing your care. This will help them stay informed about your care.

##### PAYMENT

We will request payment from your health insurance plan. Health plans need information about your medical care which may include your diagnosis, procedures performed, or recommended treatment plan.

##### HEALTH CARE OPERATIONS

We may use and disclose your information to conduct or arrange for services including:

- Medical quality review by your health plan
- Accounting, legal, risk management and insurance services

#### YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION (PHI)

We keep a record of the health care services we provide to you. The health and billing records we create and store are the property of the practice. You have a right to:

- Receive, read, and ask questions about this notice.
- Request that you be allowed to see and receive a copy of your protected health information.
- Ask us to amend your record. (We cannot however, amend information in your record that did not originate with us.) We may charge a reasonable fee for the costs of copying and mailing associated with your inspection and amendment requests.

- Request a restriction or limitation of the information we use or disclose.
- Request that we communicate with you only through the address/phone that you designate. For example, you may request that we only contact you at your work address.
- An accounting of all disclosures of your health information.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released.

*All requests must be made in writing.*

## **CONFIDENTIALITY**

Under the Health Insurance Portability and Accountability Act (HIPAA), we are required to protect your personal health information including your name, social security number, address, telephone number, employment, medical history, health record, claims information, etc. This information is protected through securing our office via locked files, guarding against unauthorized entry of our electronic systems, and training our staff in measures of confidentiality. We are required by law to protect the privacy of your personal information, provide this Notice of policies and procedures, and abide by the terms of this Notice.

In addition, I am bound by my professional ethics to protect client rights to confidential communications regarding their involvement in counseling. For this reason, if you want to release information about your participation in therapy to anyone, I will require you to sign a "Release of Confidential Information". This confidentiality has the following exceptions as provided by law:

1. In the event of a medical emergency, emergency personnel or services may be given necessary information.
  2. In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals must be contacted. This may include the individual against whom the threat is made. Confidentiality, cont. Page 3 of 4
  3. In the event of suspected child or elder abuse, the proper authorities must be contacted. The action does not have to be witnessed to be reported.
  4. If ordered by a judge or other judicial officers, information regarding your treatment must be disclosed.
  5. If you bring a complaint against me with the State of Washington, Department of Health, information will be released.
  6. If records are subpoenaed by an attorney in the State of Washington, they will be released unless you file a Protection Order within 14 days of the subpoena.
  7. In the event of the client's death or disability, the information may be released if the patient's personal representative or the beneficiary of an insurance policy on the patient's life signs a release authorizing disclosure.
  8. In the event the client reveals the contemplation or commission of a crime or harmful act, the therapist may release that information to the appropriate authorities.
  9. In the case of a minor, information indicating that the client was the victim of a crime may be released to the proper authorities.
  10. I am required to report a patient who is a licensed health care provider who appears to pose a present danger to his/her patients or clients to the Washington State Department of Health.
  11. And information may be provided to insurance carriers to facilitate coverage.
- If you have any questions or concerns about any of the above requirements, please discuss them with me.

## QUESTIONS AND COMPLAINTS

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, please contact me.

If you believe that your privacy rights have been violated and wish to file a complaint with me/my office, you may send your written complaints to my office address. You may also send a written complaint to the Secretary of the US Department of Health and Human Services.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

I reserve the right to change the terms of this notice and will provide you with a revised notice, at such time.

## OFFICE POLICY

Dr. Cahn is a licensed psychologist who received his doctoral degree from the University of Washington in 1988. His practice includes general counseling for a variety of adult, adolescent, and couples problems. His treatment approach is cognitive-behavioral in nature. If your problem falls outside the scope of his practice, he will refer you to an appropriate provider.

## FEES FOR SERVICES

The following is a statement of our financial policy.

Initial Evaluation \$250

Individual psychotherapy \$200 per 60 minute hour

## REGARDING INSURANCE

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Prior to beginning your treatment, we recommend you contact your insurance company and verify coverage. Lynne Hatter of ABH Management and Consulting can help with your insurance verification. She can be reached at (425) 277-7510 or at [lynne@abhbilling.com](mailto:lynne@abhbilling.com). However, it is your responsibility to know and understand your benefits provided by your policy and take up any questions you have regarding non-payment or limited benefits with your insurance company. You are responsible for your co-payment portion at the time of service. L & I patients are exempt from this, and we will bill L & I directly.

Balances over 90 days which are unable to be resolved, will result in the account being turned over to a collection agency.

## MISSED APPOINTMENTS

You are expected to attend the office visit you have an appointment for. If you cannot keep an appointment, a 48 hour notice is requested for the courtesy of others. **If an appointment is missed or canceled without 48 hours prior notice, you may be charged for the full session.**

## OFFICE HOURS

Our office hours are from 10:00 am to 7:00 pm Tuesday thru Thursday. In an emergency, outside of office hours please call the Crisis Clinic at (206) 461-3222 or 911.