

# NOTICE OF PRIVACY PRACTICES

**River Rock Psychiatry, PLLC**

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Effective Date: 4/29/2026

## **THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS IT.**

### **1. LEGAL DUTIES**

This practice is required by law to:

- Maintain the privacy and security of your Protected Health Information (PHI)
- Provide you with this notice
- Follow the terms currently in effect
- Comply with the Health Insurance Portability and Accountability Act
- Notify you without unreasonable delay (no later than 60 days) of any breach of unsecured PHI

### **2. WHAT INFORMATION IS PROTECTED**

PHI includes identifying information, psychiatric evaluations, diagnoses, treatment records, medications, billing information, and electronic health records.

Psychotherapy notes receive additional federal protection and are not disclosed without authorization except as required by law.

### **3. HOW INFORMATION IS USED (NO AUTHORIZATION REQUIRED)**

- **Treatment:** coordination of care, consultation, referrals
- **Payment:** billing, insurance processing, collections
- **Healthcare Operations:** quality improvement, compliance, audits, administration
- **Legal Requirements:** abuse reporting, court orders, law enforcement, public health and safety

Uses and disclosures will be limited to the minimum necessary information, except for treatment purposes.

### **4. USES REQUIRING AUTHORIZATION**

- Release of records to third parties not otherwise permitted
- Most psychotherapy note disclosures
- Marketing or non-treatment uses

You may revoke authorization in writing at any time.

### **5. WASHINGTON STATE PROTECTIONS**

Certain records require additional consent under Washington law:

- Mental health treatment records
- Substance use disorder records (42 CFR Part 2)
- HIV-related information

These may require specific written authorization beyond general HIPAA consent.

## **6. LIMITS OF CONFIDENTIALITY**

Information may be disclosed without consent when required by law:

- Risk of harm to self or others
- Suspected abuse or neglect
- Court orders or legal proceedings
- Medical emergencies

## **7. ELECTRONIC COMMUNICATION**

This practice uses electronic systems, including EHR and telehealth platforms such as SimplePractice.

- Electronic communication carries inherent privacy risks
- Reasonable safeguards are used, but no system is completely secure
- Non-secure communication may require patient consent

Business associates (e.g., EHR, billing services) may access PHI under legally required agreements.

## **8. YOUR RIGHTS**

You have the right to:

- Access and obtain copies of your records in electronic or paper form within 30 days
- Request corrections or amendments within 60 days
- Request confidential communication methods
- Request restrictions on disclosures
- Request that PHI not be disclosed to your health plan if you pay in full out-of-pocket
- Receive an accounting of disclosures covering the previous six years (fulfilled within 60 days)
- Receive a copy of this notice
- Receive notification of breaches
- File a complaint without retaliation

A reasonable, cost-based fee may apply to copies.

## **9. BREACH NOTIFICATION**

If a breach of unsecured PHI occurs, you will be notified without unreasonable delay (no later than 60 days).

Notification will include:

- What occurred
- What information was involved
- Steps you should take
- Actions taken to mitigate harm

## **10. COMPLAINTS**

You may file a complaint without retaliation:

**River Rock Psychiatry, PLLC** (509) 214-7424

Or:

U.S. Department of Health and Human Services Office for Civil Rights

## **11. CHANGES TO THIS NOTICE**

This notice may be updated at any time. The current version will be available upon request.