

EASTSIDE HEALING SPACE COUNSELING PLLC

16771 Northeast 80th Street, Suite 210

Redmond, WA 98052

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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. PLEASE REVIEW IT CAREFULLY.

Effective Date: March 5, 2026

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all of the records of your care generated by Eastside Healing Space Counseling PLLC. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights and certain obligations I have regarding the use and disclosure of health information.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that I use and disclose health information.

- **For Treatment:** I may use health information about you to provide you with medical treatment or services. I may disclose health information about you to doctors, nurses, technicians, health care students, or other personnel who are involved in taking care of you.
- **For Payment:** I may use and disclose health information about you so that the treatment and services you receive from me may be billed to and payment may be collected from you, an insurance company, or a third party.
- **For Health Care Operations:** I may use and disclose health information about you for operations necessary to run my practice and ensure that all of my clients receive quality care.

III. SPECIAL SITUATIONS

- **As Required By Law:** I will disclose health information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety:** I may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

- **Workers' Compensation:** I may release health information about you for workers' compensation or similar programs.
- **Public Health Risks:** I may disclose health information about you for public health activities (e.g., to prevent or control disease, injury or disability).
- **Health Oversight Activities:** I may disclose health information to a health oversight agency for activities authorized by law.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, I may disclose health information about you in response to a court or administrative order.
- **Law Enforcement:** I may release health information if asked to do so by a law enforcement official.

IV. MENTAL HEALTH SPECIFIC PROVISIONS

- **Psychotherapy Notes:** I do keep "psychotherapy notes" as that term is defined in 45 CFR 164.501, and any use or disclosure of such notes requires your written Authorization unless the use or disclosure is: a) for my use in treating you; b) for my training programs; c) for my defense in legal proceedings instituted by you.
- **Marketing and Sale of PHI:** Most uses and disclosures of psychotherapy notes, uses and disclosures of Protected Health Information (PHI) for marketing purposes, and disclosures that constitute a sale of PHI require your written authorization.

V. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information I maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.
- **Right to Amend:** If you feel that health information I have about you is incorrect or incomplete, you may ask me to amend the information.
- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures I made of health information about you.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information I use or disclose about you for treatment, payment, or health care operations.
- **Right to Request Confidential Communications:** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

VI. CHANGES TO THIS NOTICE

I reserve the right to change this notice. I reserve the right to make the revised or changed notice effective for health information I already have about you as well as any information I receive in the future. I will post a copy of the current notice in my office and on my website.

VII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with me or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

To file a complaint with Eastside Healing Space Counseling PLLC, contact:

La Li, LICSW / Privacy Officer
16771 Northeast 80th Street, Suite 210
Redmond, WA 98052
Phone: 425-484-9499
Email: lala@eastsidehealing.com

To file a complaint with the Secretary of the DHHS:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775 | www.hhs.gov/ocr/privacy/hipaa/complaints/