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Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. It applies to all protected health information contained in your health records maintained by me.

I am required by law to maintain the privacy of the protected health information in your records and to provide you with this Notice of my legal duties and privacy practices with respect to that information.

There are a number of **situations in which I may use or disclose** to other persons or entities your confidential health information, as is necessary for comprehensive treatment or to obtain reimbursement of my fees. Certain disclosures that are required by law, or under emergency circumstances, may be made without your Acknowledgement or Authorization. Under any circumstance, I will use or disclose only the minimum amount of information necessary from your medical records to accomplish the intended purpose of the disclosure.

Treatment: I will use your health information to make decisions about the provision, coordination or management of your healthcare, including analyzing your condition and determining the appropriate treatment for that condition. It may also be necessary to share your health information with another health care provider whom I need to consult with respect to your care.

Payment: I may need to use or disclose information in your health record to obtain reimbursement from you, from your health-insurance carrier, or from another insurer for services rendered to you. This may include determinations of eligibility or coverage under the appropriate health plan, pre-certification and pre-authorization of services or review of services for the purpose of reimbursement. This information may also be used for billing, claims management and collection purposes.

Except as indicated above, your health information will not be used or disclosed to any other person or entity without your specific Authorization, which may be revoked at any time.

You have certain **rights regarding your health record information**, as follows:

You have the right to inspect, copy and request amendments to your health records. I will charge a reasonable fee for providing a copy of your health records, or a summary of those records, at your request, which includes the cost of copying, postage, and preparation or an explanation or summary of the information.

All requests for inspection, copying and/or amending information in your health records, and all requests related to your rights under this Notice, must be made in writing. I will respond to your request in a timely fashion.