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Privacy Notice

I am required by law to maintain the privacy of your medication information. I am also required to notify you of my legal duties and privacy practices regarding your medical information, and to follow the terms of this office. My office holds your medical information confidential but will use it for:

- **Treatment:** I may share information with other medical professionals in your care. Examples include: Your primary care provider, home health provider, and pharmacy. I may share information with a family member or friend who assists with your care. I may disclose information if it is your best interest based on my professional judgment. If there exists no acute risk of harm to yourself or others, I will secure an authorization for release prior to release of any of your healthcare information
- **Payment:** I may share information with others as required to bill and collect payment on your account and to obtain eligibility and pre-certification.
- **Healthcare Operations:** I may disclose information as required for quality improvement, licensure, and audits, and to send you information.

YOUR RIGHTS:

THE RIGHT TO ACCESS YOUR RECORDS: Patients have the right to view and obtain copies of their own records.

THE RIGHT TO REQUEST RESTRICTIONS: Patients can put restrictions on who has access to their records.

THE RIGHT TO CONFIDENTIAL COMMUNICATIONS: Patients have the right to receive communication about their records in a confidential manner.

THE RIGHT TO AMEND THE RECORD: Patients can request amendments to their records when they disagree with the content, but at the same time, medical professionals have the right to deny those requests. If your request is denied, we will provide you with a written explanation. You may respond with a statement of disagreement, which will be added to the information you want changed.

THE RIGHT TO ACCOUNTING OF DISCLOSURES: Patients have the right to know everyone that our office disclosed information to.

I reserve the right to change my privacy practices and will notify you if changes occur.

Client/Guardian Signature: _____

Client Name (printed) _____

Date: _____

Guardian Name (printed) _____

Date: _____