Notice of Privacy Practices

Oz Counseling Services, PLLC | Chris Paton, MA, LMHC | Effective date: November 7, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Who This Notice Applies To

This notice describes the privacy practices of Oz Counseling Services, PLLC ("I," "me," or "my practice"). It applies to all of the health information I create or receive about you, including your intake paperwork, clinical records, billing records, and insurance information. Your health information is personal, and I am committed to protecting it.

My Duties

I am required by law to:

- Maintain the privacy and security of your protected health information.
- Give you this notice describing my legal duties and privacy practices.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the terms of this notice while it is in effect.

How I May Use and Disclose Your Information Without Your Written Authorization

The law allows me to use and share your information in the following ways without asking for your written permission each time.

Treatment

I use your information to provide, coordinate, and manage your care. For example, I document your diagnosis and treatment plan in your clinical record. With your permission, I may coordinate care with your physician, psychiatrist, or another provider involved in your treatment. I may also consult with other licensed mental health professionals or peer consultation groups to provide you with the best possible care. When I do, I remove identifying details so that you remain anonymous.

Payment

I use and disclose your information to bill for services and collect payment. For example, if I bill your insurance, I share your diagnosis, dates of service, and the type of service provided so the plan can process the claim, verify your benefits, or review medical necessity. If you pay privately, I may use your information to issue receipts or superbills and to process payment using the card you keep on file.

Health Care Operations

I use your information to run my practice and maintain quality of care. For example, I may use it for record keeping, scheduling, quality improvement, obtaining legal or accounting advice, licensing and credentialing, and responding to audits by insurers or regulators. I may share information with business associates, such as billing, scheduling, telehealth, electronic records, e-signature, and data storage vendors, who perform services for me. Each business associate must agree in writing to protect your information.

Individuals Involved in Your Care

With your agreement, I may share limited information with a family member, friend, or other person you identify who is involved in your care or payment. I will not do this without giving you the opportunity to agree or object, except in an emergency when you cannot express your wishes and I believe sharing is in your best interest.

Disclosures Required or Permitted by Law

I may use or disclose your information without your authorization in the following situations, but only as far as the law requires or allows:

- **As required by law**, including court orders and other legal requirements.
- **Child abuse or neglect.** I am required to report suspected abuse or neglect of a child to the appropriate authorities.
- **Abuse, neglect, or exploitation of a vulnerable adult.** I am required to report suspected abuse, neglect, abandonment, or financial exploitation of a vulnerable adult.
- **Serious threat to health or safety.** I may disclose information when I reasonably believe it is necessary to prevent or lessen a serious and imminent threat to you or to another person, including taking steps to protect a person who may be in danger.
- **Judicial and administrative proceedings.** I may disclose information in response to a court order or, in limited circumstances, a subpoena or discovery request. Washington law provides strong protections for mental health information, and I will take the steps the law requires before disclosing.
- **Health oversight activities**, such as audits, investigations, and licensing actions by the Washington State Department of Health or other oversight agencies.
- **Law enforcement**, when required by law or in other limited circumstances the law permits.
- **Public health activities**, such as reporting required by public health authorities.
- **Coroners, medical examiners, and funeral directors**, as needed to carry out their duties after a client's death.
- **Workers' compensation**, as required by workers' compensation laws.
- **Government functions and national security**, as required by law.
- **Research**, only in limited circumstances approved under applicable law and, when required, with your authorization.

Uses and Disclosures That Require Your Written Authorization

I will obtain your written authorization before using or disclosing your information for any purpose not described in this notice. In particular:

- **Psychotherapy notes.** If I keep psychotherapy notes, meaning my private process notes kept separate from your clinical record, I will not use or disclose them without your written authorization, except in the limited situations HIPAA allows (for example, my own use for treatment, certain supervision and training, defending myself in a legal action, or when required by law).
- **Marketing.** I will not use your information for marketing without your authorization.
- **Sale of information.** I will never sell your health information.

You may revoke an authorization at any time by telling me in writing. A revocation does not undo disclosures I already made while the authorization was in effect.

Your Rights

You have the following rights regarding your health information:

- **Right to request restrictions.** You may ask me to limit how I use or disclose your information for treatment, payment, or operations. I am not required to agree, with one exception: if you pay for a service entirely out of pocket and ask me not to share information about that service with your health plan, I must honor that request unless the law requires otherwise.
- **Right to confidential communications.** You may ask me to contact you in a specific way or at a specific location, such as only by a certain phone number or only through a secure portal. I will accommodate reasonable requests.
- **Right to inspect and copy.** You may ask to see or get a copy of your clinical and billing records, including an electronic copy where available. I will respond within the time required by law and may charge a reasonable, cost-based fee. In limited situations, I may deny access, and in some cases you may ask for that denial to be reviewed. Access to psychotherapy notes is more limited.
- **Right to request an amendment.** If you believe information in your record is incorrect or incomplete, you may ask me to amend it. I may deny the request in some circumstances, and if I do, I will explain why and you may submit a statement of disagreement.
- **Right to an accounting of disclosures.** You may request a list of certain disclosures I have made of your information during the six years before your request. The list does not include disclosures for treatment, payment, health care operations, disclosures you authorized, and certain others.
- **Right to a paper copy of this notice.** You may ask for a paper copy at any time, even if you agreed to receive it electronically.
- **Right to be notified of a breach.** You have the right to be notified if your information is involved in a breach.
- **Right to choose someone to act for you.** If someone holds legal authority to act on your behalf, I will confirm that authority before acting on their request.

To use any of these rights, please contact me in writing using the information at the end of this notice.

Washington State Law

Washington law, including chapter 70.02 RCW (Uniform Health Care Information Act) and RCW 18.225.105, provides additional protections for health and mental health information. When state law is more protective of your privacy than HIPAA, I follow state law.

Telehealth and Electronic Communication

All my sessions are held virtually using secure video technology. I take reasonable steps to protect your privacy during sessions and ask that you attend from a private location. Regular email and text messages are not fully secure and may be intercepted. I recommend limiting these to scheduling and logistics, and you may ask me to use a different method. By using these methods with me, you accept the risk that your information may not be fully protected in transit.

If I Am Unable to Continue Practicing

If I become incapacitated, am unavailable, or die, I have arranged for a designated professional to secure my records, notify clients, help transition your care, and respond to requests for records. That person is required to keep your information confidential and may access your information only as needed for these purposes.

Changes to This Notice

I may change this notice, and the changes may apply to information I already hold about you. The current notice is posted on my website and available on request. If I make material changes, I will provide you with the revised notice.

Questions and Complaints

If you have questions about this notice, or believe your privacy rights have been violated, please contact me. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. I will not retaliate against you for filing a complaint.

Chris Paton, MA, LMHC
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U.S. Department of Health and Human Services, Office for Civil Rights
200 Independence Avenue SW, Washington, DC 20201
1-877-696-6775 / www.hhs.gov/ocr/privacy/hipaa/complaints/

Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of the Oz Counseling Services, PLLC Notice of Privacy Practices.

Client name (print): _____

Client signature: _____ Date: _____