



# HIPAA Notice of Privacy Practices

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## **A Work in Progress Counseling & Wellness PLLC**

Effective Date: September 10, 2026

This notice describes how health information about you may be used and disclosed, how you can access this information, and your rights regarding your protected health information (PHI). Please review it carefully.

If you have questions about this notice or your privacy rights, please contact:

### **Diane Graham, LICSW**

A Work in Progress Counseling & Wellness PLLC

522 W. Riverside Ave., Suite N, Spokane, WA

Phone: (509) 850-9477

Email: [diane@aworkinprogresscw.com](mailto:diane@aworkinprogresscw.com)

## **Your Rights**

You have certain rights regarding your health information.

### **Get a Copy of Your Health Information**

You may ask to inspect or receive an electronic or paper copy of health and billing information maintained about you.

In most circumstances, I will provide a copy or summary of your health information within 30 days of your request. I may charge a reasonable, cost-based fee as permitted by law.

In limited circumstances, I may deny access to certain information. If this occurs, I will explain the reason for the denial and whether you have a right to have the decision reviewed.

### **Ask Me to Correct Your Health Information**

If you believe information in your record is incorrect or incomplete, you may ask me to amend it.

I may deny your request in certain circumstances. If I do, I will explain the reason in writing, generally within 60 days of receiving your request.

### **Request Confidential Communications**

You may ask me to contact you in a specific way or at a particular phone number, email address, or mailing address. I will accommodate reasonable requests.

## **Ask Me to Limit What I Use or Share**

You may ask me not to use or disclose certain health information for treatment, payment, or health care operations. I am generally not required to agree to your request.

If you pay for a health care service out-of-pocket in full, you may ask me not to disclose information about that service to your health plan for payment or health care operations. I will honor that request unless disclosure is required by law.

## **Get a List of Certain Disclosures**

You may request an accounting of certain disclosures of your health information made during the six years before the date of your request.

The accounting generally does not include disclosures made for treatment, payment, or health care operations or certain other disclosures permitted by law.

I will provide one accounting in a 12-month period at no charge. A reasonable, cost-based fee may apply if you request additional accountings within the same 12-month period.

## **Get a Copy of This Notice**

You may request a paper or electronic copy of this notice at any time, even if you previously agreed to receive it electronically.

An electronic version of the current Notice of Privacy Practices is available on the A Work in Progress Counseling & Wellness website.

## **Choose Someone to Act for You**

If you have given someone legal authority to make health care decisions for you, or someone is your legal guardian or otherwise legally authorized to act as your personal representative, that person may exercise your rights and make choices regarding your health information as permitted by law.

I will verify that the person has appropriate authority before taking action.

## **File a Complaint**

If you believe your privacy rights have been violated, you may contact me using the information listed above.

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.

## **Your Choices**

For certain health information, you may tell me your preferences about what I share.

When permitted by law, this may include sharing information with family members, friends, or others involved in your care or payment for your care.

If you are unable to communicate your preference, such as during an emergency, I may disclose information when I believe doing so is in your best interest and is permitted by law.

I will obtain your written authorization before using or disclosing your health information for purposes that require authorization under HIPAA, including most uses and disclosures of psychotherapy notes, marketing purposes requiring authorization, or the sale of your health information.

If you provide written authorization, you may revoke that authorization in writing at any time, except to the extent that I have already acted in reliance on it.

## **How I May Use and Disclose Your Health Information**

HIPAA allows me to use or disclose your health information in certain circumstances without obtaining a separate authorization from you. Mental health information may receive additional protection under federal or state law. When another applicable law provides greater privacy protection than HIPAA, I will follow those requirements.

### **Treatment**

I may use your health information to provide, coordinate, or manage your treatment and services.

Information may also be shared with other health care professionals involved in your treatment when permitted by applicable law.

### **Payment**

I may use or disclose your health information to bill for services, process payments, provide documentation necessary for reimbursement, or conduct other payment-related activities.

### **Health Care Operations**

I may use or disclose your health information as necessary to operate my practice and provide services.

This may include activities related to practice administration, quality assessment, compliance, professional consultation, licensing requirements, and other health care operations permitted by law.

### **Business Associates**

I may share health information with business associates that perform services on behalf of my practice when access to that information is necessary for them to perform those services.

Business associates that receive PHI are required to appropriately safeguard the information in accordance with applicable law and their agreements with the practice.

### **When Required or Permitted by Law**

I may use or disclose your health information when required or permitted by federal or state law. Depending on the circumstances, this may include disclosures related to:

- suspected abuse, neglect, or exploitation;
- preventing or reducing a serious threat to health or safety;
- public health and safety activities;
- health oversight activities;
- judicial or administrative proceedings when legally authorized;
- law enforcement when permitted or required by law;
- workers' compensation or similar programs; and
- other disclosures required or permitted by applicable law.

Because mental health information may receive additional protection under state or federal law, I will follow applicable laws that provide greater privacy protection than HIPAA.

## **Psychotherapy Notes**

Psychotherapy notes receive additional protections under HIPAA.

In most circumstances, I will obtain your written authorization before using or disclosing psychotherapy notes, except for certain uses or disclosures specifically permitted by law.

Psychotherapy notes are maintained separately from the rest of the clinical record when applicable.

## **Substance Use Disorder Records**

Certain substance use disorder (SUD) treatment records receive additional confidentiality protections under federal law, including 42 CFR Part 2. These protections apply to qualifying records created by certain federally assisted substance use disorder treatment programs and may also apply when I receive protected Part 2 records from such a program. Not every reference to alcohol or substance use in a mental health record is protected by Part 2.

To the extent that A Work in Progress Counseling & Wellness PLLC receives, creates, or maintains records protected by 42 CFR Part 2, those records will be used and disclosed in accordance with applicable federal requirements.

Records protected by Part 2 generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order meeting applicable federal requirements.

## **My Responsibilities**

I am required by law to maintain the privacy and security of your protected health information.

I will notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.

I must follow the duties and privacy practices described in the Notice of Privacy Practices currently in effect.

I will not use or disclose your information other than as described in this notice unless you authorize me to do so in writing or the use or disclosure is otherwise permitted or required by law.

## **Changes to This Notice**

I reserve the right to change the terms of this Notice of Privacy Practices. Changes may apply to all health information maintained by A Work in Progress Counseling & Wellness PLLC, including information created or received before the change.

If this notice is materially revised, the current version will be made available upon request and posted on the A Work in Progress Counseling & Wellness website.