

Notice of Privacy Practices

Pinecone Therapy, PLLC

Effective Date: June 16, 2026

This Notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

Legal Duties

Pinecone Therapy, PLLC is required by law to:

- Maintain the privacy and security of your Protected Health Information (PHI)
- Provide you with this Notice of Privacy Practices
- Follow the terms of this Notice currently in effect

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

What is Protected Health Information (PHI)

Protected Health Information (PHI) is information about you that:

- Identifies you and
- Relates to your physical or mental health condition, treatment, or payment for services.

PHI may be maintained electronically, on paper, or in other formats.

How Pinecone Therapy May Use and Disclose Your Information

I may use or disclose your PHI without your written authorization for the following purposes:

Treatment

I may use and share your information to provide, coordinate, or manage your healthcare. This may include consultation with other healthcare providers involved in your care (with appropriate authorization when required).

In emergencies, we may disclose relevant information to facilitate treatment.

Payment

I may use and disclose your information to obtain payment for services provided. This may include sharing information with your insurance company regarding:

- Dates of service
- Diagnosis
- Services rendered

Healthcare Operations

I may use your information for practice operations, including:

- Quality assurance
- Supervision and training
- Billing and claims management

- Compliance and auditing
- Administrative management

Required by Law

I may be required or permitted to disclose your PHI without your authorization when required by federal or Washington state law, including but not limited to:

- Suspected child abuse or neglect
- Abuse of a vulnerable adult
- Court orders or subpoenas
- Public health reporting obligations

To Prevent Serious Threat

I may disclose information if I believe, in good faith, that disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or that of another person.

Business Associates

I work with third-party providers (“Business Associates”) who assist with healthcare operations, billing, electronic health records, and secure communications. These entities are contractually required to safeguard your information under HIPAA.

Psychotherapy Notes

Psychotherapy notes are defined as notes recorded by a mental health professional documenting or analyzing the contents of a counseling session and are kept separate from the medical record. These notes receive additional federal protections under HIPAA and will not be disclosed without your written authorization except as permitted by law (e.g., supervision, defense in legal proceedings initiated by the client, or as otherwise required by law).

Other Uses Require Your Authorization

Any use or disclosure of your PHI not described in this Notice requires your written authorization. You may revoke your authorization in writing at any time. Revocation will not affect disclosures already made.

Your Rights Regarding Your Information

You have the following rights:

- Right to inspect and receive a copy:
 - You have the right to request access to your health information. Requests must be submitted in writing. Fees for copies of records are set in accordance with Washington State law (WAC 246-08-400) and may be updated periodically to remain compliant.
- Right to request amendment:
 - If you believe information in your record is incorrect or incomplete, you may request an amendment in writing. I may deny your request under certain circumstances but will provide a written explanation.
- Right to request confidential communication:
 - You may request that we contact you in a specific way (for example, at work instead of home). Requests must be made in writing and reasonable requests will be honored.

- Right to request restrictions:
 - You may request limits on how we use or disclose your information for treatment, payment, or operations. I am not required to agree to all requested restrictions but will consider them.
- Right to an accounting of disclosures:
 - You may request a list of certain disclosures of your PHI made within the past six years. This request must be submitted in writing. One accounting per year will be provided free of charge; additional requests may incur a reasonable fee. This does not include disclosures made for treatment, payment, or healthcare operations.
- Right to choose someone to act for you:
 - If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights regarding your health information. I will verify their authority before acting.
- Right to a paper copy:
 - You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the U.S. Department of Health and Human Services:

Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775
<https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>

You will not be retaliated against for filing a complaint or exercising your privacy rights.

Changes to This Notice

I may update this Notice from time to time. Any revisions will apply to all PHI I maintain and will be made available through our client portal and upon request. The updated Notice will have a new effective date and will apply to all PHI maintained by the practice.

Acknowledgement of Receipt

By checking the box below, you acknowledge that you have received a copy of Pinecone Therapy, PLLC's Notice of Privacy Practices.

(Last updated 6/16/26)