Notice of Privacy Practices

Dr. Mai Psychological Services, PLLC

Effective: July 2026

This Notice of Privacy Practices remains in effect until it is replaced by a revised version. The most current version is available upon request and on the practice website.

Purpose

This Notice of Privacy Practices explains how your Protected Health Information (PHI) may be used and disclosed, your privacy rights under the Health Insurance Portability and Accountability Act (HIPAA), and my legal responsibilities to protect your information. Please read this Notice carefully.

Protected Health Information (PHI) includes information created or received in the course of providing your healthcare that identifies you and relates to your physical or mental health, the healthcare services you receive, or payment for those services.

If you have questions about this Notice or your privacy rights, please ask. You will be asked to acknowledge that you have received or had the opportunity to receive this Notice, as required by HIPAA.

How Your Information May Be Used and Shared

HIPAA permits healthcare providers to use and disclose Protected Health Information (PHI) without your written authorization for purposes of treatment, payment, and healthcare operations. Whenever practical, I limit the use and disclosure of your PHI to the minimum information necessary to accomplish the intended purpose, except when sharing information for your treatment or as otherwise permitted or required by law.

Treatment

I may use and disclose your PHI to provide, coordinate, or manage your care. For example, I may communicate with your primary provider or another healthcare professional involved in your treatment to coordinate your care, with your authorization when required by applicable law.

Payment

I may use and disclose your PHI to bill and collect payment for services provided. This may include verifying insurance eligibility or benefits, submitting claims to your health insurance company, or collecting outstanding balances.

Healthcare Operations

I may use and disclose your PHI for activities necessary to operate my practice, including quality improvement, licensing and credentialing, audits, compliance activities, and business, administrative, or financial management.

I may also use your PHI to contact you regarding appointments, billing matters, or other practice-related communications.

Some administrative services are provided by HIPAA-compliant business associates, such as electronic health record providers, billing services, payment processors, telehealth platforms, secure communication services, or other vendors. These organizations are contractually required to safeguard your PHI and may use or disclose it only as permitted by law.

Uses and Disclosures Requiring Your Authorization

Except as otherwise permitted or required by law, I will obtain your written authorization before using or disclosing your Protected Health Information (PHI) for purposes other than treatment, payment, healthcare operations, or other uses and disclosures permitted by HIPAA or applicable law.

Examples of situations that generally require your written authorization include:

- Sharing your PHI with family members, employers, schools, attorneys, or other individuals or organizations when not otherwise permitted by law.
- Sending records to another healthcare provider when your authorization is required by federal or state law.
- Uses or disclosures for marketing purposes (which I do not engage in).
- The sale of your PHI (which I do not do).
- Other uses or disclosures not otherwise permitted or required by law.

You may revoke your authorization at any time by providing written notice. Your revocation will not apply to any use or disclosure that occurred before I received your written request.

Uses and Disclosures Permitted or Required by Law Without Your Authorization

HIPAA and other applicable federal and state laws permit or require me to use or disclose your Protected Health Information (PHI) without your written authorization in certain circumstances. Whenever practical, I will limit the use or disclosure of your PHI to the minimum information necessary to accomplish the intended purpose, as required by HIPAA.

Examples include:

- **Required by law:** To comply with applicable federal, state, or local laws and regulations.
- **Abuse or neglect:** To report suspected abuse, neglect, abandonment, or exploitation of a child or vulnerable adult, as required by law.

- **Serious threat to health or safety:** To prevent or lessen a serious and imminent threat to your health or safety or the health or safety of another person, when permitted by law and professional standards.
- **Public health and regulatory oversight:** For public health activities or health oversight purposes, such as audits, investigations, inspections, licensure, or other regulatory reviews.
- **Legal proceedings:** In response to a court order, warrant, subpoena, or other lawful legal process, as permitted or required by law.
- **Legal defense:** To defend myself in legal or administrative proceedings initiated by you, when permitted or required by applicable law.
- **Workers' compensation:** To comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illnesses.
- **Professional consultation:** To obtain professional consultation regarding your care. Consulting professionals are legally and ethically obligated to maintain the confidentiality of your information.
- **Other permitted or required disclosures:** For other purposes permitted or required by applicable federal or state law.

Your Privacy Rights

You have the following rights regarding your Protected Health Information (PHI), subject to certain exceptions under applicable law.

Right to Access Your Clinical Record

You have the right to inspect or obtain a copy of your clinical record. Requests must be submitted in writing. Please allow up to 30 days for processing, although requests are often completed sooner.

Please note that this right applies to your clinical record. If psychotherapy notes, as defined by HIPAA, were ever created and maintained separately from your clinical record, they generally would not be available for inspection or copying under the HIPAA right of access.

Right to Request an Amendment

If you believe information in your clinical record is inaccurate or incomplete, you may request that it be amended. Requests must be submitted in writing and include the reason for the requested amendment. I may deny your request in certain circumstances permitted by law and will provide a written explanation if your request is denied.

Right to Request Restrictions

You have the right to request restrictions on certain uses or disclosures of your PHI. Although I am not required to agree to every request, I will comply when required by law. If you pay for a service in full out of pocket, you may request that information related to that service not be disclosed to your health plan, and I will honor that request when required by HIPAA.

Right to Request Confidential Communications

You may request that I communicate with you in a particular way or at a particular location, such as by telephone, email, mail, or through the secure client portal. I will accommodate reasonable written requests whenever possible.

Right to Receive an Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your PHI made for purposes other than treatment, payment, healthcare operations, or those made with your authorization, as required by HIPAA.

Right to Designate a Personal Representative

You may designate a personal representative, such as an individual with a valid healthcare power of attorney, legal guardian, or other person authorized by law, to exercise your privacy rights on your behalf.

Right to Receive a Copy of This Notice

You have the right to receive a paper or electronic copy of this Notice of Privacy Practices at any time, even if you previously agreed to receive it electronically.

My Responsibilities

As your psychologist, I am committed to protecting the privacy and security of your Protected Health Information (PHI). Under HIPAA and other applicable laws, I am required to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice of Privacy Practices explaining how your PHI may be used and disclosed, your privacy rights, and my legal responsibilities.
- Follow the terms of the Notice currently in effect.
- Notify you if a breach of your unsecured PHI occurs, as required by law.

I reserve the right to revise this Notice of Privacy Practices at any time. Any revisions will apply to all Protected Health Information maintained by Dr. Mai Psychological Services, PLLC. The most current version of this Notice will be available upon request and on my website.

Questions or Complaints

If you have questions about this Notice of Privacy Practices or believe your privacy rights have been violated, you are encouraged to contact me first so we can discuss your concerns.

Nhu Mai, Ph.D.
Dr. Mai Psychological Services, PLLC
Email: contact@drmai-psychologicalservices.com

Phone: 509-214-7170

You also have the right to file a complaint with the U.S. Department of Health and Human Services (HHS), Office for Civil Rights, or with the psychology licensing board in any state where I am licensed to practice. Filing a complaint will not affect your care, and you will not be retaliated against for exercising your rights.

For additional information about filing a complaint, please visit:

- U.S. Department of Health and Human Services, Office for Civil Rights
- Washington State Department of Health
- Idaho Division of Occupational and Professional Licenses
- Oregon Board of Psychology