



Tango & Co.

Therapy

Where resilience and connection grow

Notice of Privacy Practices

Carrie Soto Erickson, MS, LMFT | Tango & Co. Therapy
22443 SE 240th Street, Suite 202, Maple Valley, WA | License #LF00002191

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

Effective Date: _____ Last Revised: _____

This Notice is governed by both federal and Washington State law:

- Federal HIPAA Privacy Rule (45 CFR Parts 160 & 164)
- Washington Health Care Information Act (RCW 70.02)
- Washington Mental Health Records Law (RCW 71.05)
- Washington Marriage and Family Therapist Licensing Act (RCW 18.19; WAC 246-809)

Where Washington State law provides greater privacy protection than HIPAA, Washington law governs.

Our Commitment to Your Privacy

Tango & Co. Therapy / Carrie S. Erickson, LMFT is required by law to maintain the privacy of your protected health information (PHI), to provide you with notice of legal duties and privacy practices, and to notify you of any breach of your unsecured PHI. We reserve the right to change the terms of this Notice; revised notices will be available upon request and posted in the office.

Special Protection: Psychotherapy Notes

As an LMFT, Carrie S. Erickson, LMFT maintains two distinct types of records:

- **The clinical/treatment record** — includes diagnosis, treatment plans, session dates, progress notes, and billing. Subject to standard HIPAA protections.
- **Psychotherapy notes** (process notes) — kept *separately* from the clinical record and held to a *higher standard of protection* under HIPAA (45 CFR §164.508(a)(2)) and RCW 70.02.230. These require a separate, specific

written authorization for any release and may not be disclosed for general treatment, payment, or operations without your express written consent. They may also be withheld if disclosure would be harmful (RCW 70.02.090).

How We May Use and Disclose Your Health Information

All permitted uses and disclosures of your PHI fall within the categories below.

For Treatment

We may use and disclose PHI to provide, coordinate, or manage your mental health treatment — for example, sharing information with a referring physician or psychiatrist.

For Payment

We may use and disclose PHI to bill and collect payment for services. **Note: Carrie S. Erickson, LMFT is out-of-network with all insurance carriers. Clients are responsible for payment at time of service.**

For Healthcare Operations

We may use PHI for quality assessment, professional training, licensing compliance, and related operational purposes.

Mandatory Disclosures Required by Law

As an LMFT in Washington State, Carrie S. Erickson, LMFT is required by law to make the following disclosures without your authorization:

- **Child abuse or neglect (RCW 26.44.030):** Mandatory report to Child Protective Services when there is reasonable cause to believe a child is being abused or neglected.
- **Vulnerable adult abuse (RCW 74.34.035):** Mandatory report to Adult Protective Services when there is reasonable cause to believe a vulnerable adult is being abused, neglected, or exploited.
- **Duty to warn / imminent danger (RCW 71.05.120):** When a client presents a serious and imminent threat of physical harm to an identifiable third party, Carrie S. Erickson, LMFT has a duty to take protective steps, which may include notifying law enforcement and/or warning the potential victim.
- **Imminent risk to self:** Disclosure to emergency services or family members may be necessary to prevent serious self-harm.
- **Court order:** Records may be released pursuant to a valid court order or subpoena.
- **Health oversight / public health activities:** Disclosure to licensing boards or public health agencies as authorized or required by law.

Minor Clients — Confidentiality and Parental Access (RCW 71.34.530)

Under Washington State law, minors age **13 and older** may independently consent to outpatient mental health treatment. When a minor exercises this right:

- Their records are **confidential from parents and guardians** and may not be released without the minor's written consent.

- Parents or guardians do **not** have automatic access to records when the minor consented to treatment independently.
- Exceptions apply when disclosure is required by law (mandatory reporting, imminent danger).

When a parent or guardian consents on behalf of a minor, they generally retain record access rights, subject to limitations imposed in the minor's best interest. These rights will be discussed and documented at intake.

Uses and Disclosures Requiring Your Written Authorization

The following require your separate written authorization:

- **Psychotherapy notes** — require authorization distinct from any general records release
- PHI used or disclosed for **marketing purposes**
- **Sale of PHI**
- Most disclosures to **employers**
- Disclosures to **family, friends, or other individuals** not otherwise permitted
- Any other use or disclosure not described in this Notice

You may revoke a written authorization at any time in writing. Revocation applies to future disclosures only and does not affect disclosures already made.

Your Rights Regarding Your Health Information

To exercise any of the following rights, submit a written request to Carrie S. Erickson, LMFT at the address above.

Right to Inspect and Copy (45 CFR §164.524 / RCW 70.02.080)

You may inspect and obtain a copy of your PHI. **72 hours notice** required (excluding weekends). A reasonable copying fee may apply. Psychotherapy notes are not subject to this standard access right.

Right to Request an Amendment (45 CFR §164.526 / RCW 70.02.100)

You may request correction of inaccurate or incomplete information. We may deny requests for records not created by us, not part of our records, or already accurate. If denied, you may submit a statement of disagreement.

Right to an Accounting of Disclosures (45 CFR §164.528)

You may request a list of disclosures made during the six years prior to your request, excluding treatment, payment, operations, and authorized disclosures.

Right to Request Restrictions (45 CFR §164.522)

You may request restrictions on use or disclosure of your PHI. We must honor restrictions on disclosures to a health plan for services you paid for out-of-pocket in full.

Right to Confidential Communications (45 CFR §164.522(b))

You may request contact only at a specific phone number or address. All reasonable requests will be accommodated.

Right to Notice of a Breach (45 CFR §164.400)

You will be notified without unreasonable delay, and no later than 60 days, following discovery of a breach of your unsecured PHI.

Right to a Paper Copy of This Notice (45 CFR §164.520)

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

How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with Carrie S. Erickson, LMFT or with the authorities below. **You will not be penalized or have your treatment affected for filing a complaint.**

With Carrie S. Erickson, LMFT: 22443 SE 240th Street, Suite 202, Maple Valley, WA

Federal — HHS Office for Civil Rights: 200 Independence Avenue SW, Washington, D.C. 20201 |
1-800-368-1019 | www.hhs.gov/ocr/privacy/hipaa/complaints

Washington State DOH — Health Systems Quality Assurance: P.O. Box 47857, Olympia, WA 98504-7857
| (360) 236-4700 | www.doh.wa.gov

Changes to This Notice

We reserve the right to change this Notice and make revisions effective for all existing and future health information. Current notices are posted in the office and available upon request.

Acknowledgment of Receipt

By signing below, you acknowledge that you have received a copy of this Notice of Privacy Practices for Tango & Co. Therapy / Carrie S. Erickson, LMFT, have had the opportunity to review it and ask questions, and understand your rights under HIPAA and RCW 70.02.

If you decline to sign, Carrie S. Erickson, LMFT will document that the Notice was offered and declined. This will not affect your right to receive treatment.

_____ Client #1 name (printed)	_____ Date of birth
_____ Client #1 signature	_____ Date
_____ Client #2 name (printed) — couples/family	_____ Date of birth
_____ Client #2 signature	_____ Date
_____ Minor client signature (if age 13–17, RCW 71.34.530)	_____ Date
_____ Parent / guardian signature (if applicable)	_____ Date
_____ Relationship to client	
_____ Carrie Soto Erickson, M.S., LMFT — Therapist Signature	_____ Date

If client declined to sign: I offered this Notice of Privacy Practices to the client on the date below. The client declined to sign the acknowledgment. This refusal has been documented in the client's record.

Carrie S. Erickson, LMFT — Signature

Date