

TOWARD THE WITHIN COUNSELING, PLLC

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Notice of Privacy Practices

Our Commitment to Your Privacy

Your health information is personal, and I'm committed to protecting it. This Notice explains how I use and share your health information, your rights, and my responsibilities under HIPAA. This Notice applies to all records created through services provided by Toward The Within Counseling, PLLC.

By law, I am required to:

- Keep your protected health information (PHI) private.
- Provide you with this Notice outlining legal duties and privacy practices.
- Follow the terms of this Notice.
- Inform you of changes to this Notice when applicable.

How Your Health Information May Be Used or Disclosed

Without Your Authorization

For Treatment, Payment, and Health Care Operations

Your PHI may be used or shared without written consent for purposes such as coordinating care with other providers, billing, or administrative functions. For example, I may consult another provider about your care.

Legal and Safety Disclosures

I may disclose your PHI:

- As required by law (e.g., public health reporting, health oversight).
- In legal situations (e.g., court orders, subpoenas).

- To avert serious threats to health or safety.
- For workers' compensation claims.
- To coroners or medical examiners.
- For specific government functions or law enforcement.
- For approved research.

Appointment Reminders and Treatment Alternatives

I may contact you with appointment reminders or to share treatment-related services that may be of benefit to you.

With Your Authorization

Certain types of information will never be shared without your explicit written permission, including:

- Psychotherapy notes (except in limited cases such as emergencies or legal defense).
- PHI used for marketing.
- Any sale of your PHI.

You may revoke your authorization in writing at any time.

With Opportunity to Object

You have the right to object to disclosures made to family, friends, or others involved in your care or payment unless it's an emergency.

Your Rights Regarding Your PHI

- **Right to Access:** You may request a copy or summary of your records (excluding psychotherapy notes). Requests will be fulfilled within 30 days.
- **Right to Request Restrictions:** You may ask to limit how your PHI is used or shared. I'm not required to agree unless the disclosure is to a health plan for services you've paid for in full out-of-pocket.
- **Right to Confidential Communications:** You can ask to be contacted in specific ways (e.g., by phone or mail).
- **Right to Amend:** You can request a correction to your PHI if you believe something is incorrect or incomplete.
- **Right to an Accounting:** You may request a list of disclosures made in the past six years (excluding those for treatment, payment, or operations).
- **Right to a Copy of This Notice:** You may request a paper or electronic copy at any time.

Special Considerations for Minors

- **Children Under 13:** Parents have legal rights to information. I will schedule separate parent consultations to respect the child's therapeutic space.
- **Teens 13 and Over:** Teens have full confidentiality rights. A signed Release of Information is required for sharing with parents.
- **Legal Reporting:** I must report safety concerns or potential abuse, including statutory rape (defined in WA as involvement with someone 2+ years older).
- **Custody & Parenting Plans:** I require documentation of legal custody or parenting agreements before services begin.

Non-Secure Communication

Please be aware that communication via email, text, and online platforms may not be secure. I limit such communications to logistics unless therapeutically necessary. I do not use social media to interact with clients.

If you choose to communicate with me via email or text, understand that:

- Others with access to your devices or accounts may see messages.
- Employers and schools may access messages sent to work/school accounts.
- Technology providers may access communications during maintenance or data breaches.

Social Media & Boundaries

To protect your confidentiality and maintain ethical boundaries, I do not accept friend or contact requests from clients on any social networking platforms (e.g., Facebook, LinkedIn).

Third-Party Referrals

I may refer you to other providers when appropriate. You are responsible for assessing the qualifications and fit of any professionals I recommend. I am not liable for the care they provide.

Concerns or Complaints

If you have questions or concerns about your privacy or treatment, please speak with me directly. You also have the right to file a complaint with the Washington State Department of Health:

Washington State Department of Health

Health Systems Quality Assurance

P.O. Box 47857, Olympia, WA 98504-7857
Phone: 360-236-4700