

Privacy Notice

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Telemedicine Counseling Services

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To the patients of Matthew C Boynton,

I'm required by law to maintain the privacy of your medical information. I'm also required to notify you of my legal duties and privacy practices regarding your medical information and to follow the terms of this notice. I hold your medical information confidential but it will be used for:

Treatment

I may share information with other medical professionals involved in your care including: Primary care doctors, nurses, home health providers and pharmacies. I may share information with a family member or friend, who assists in your care if I have a signed release on file. If you are unable to agree or object, I may disclose information if it is in your best interest based on my professional judgment.

Payment

I may share information with others to bill and collect payment on your account and to obtain eligibility and precertification.

Healthcare Operations

I may disclose information for quality improvement, training of medical personnel, licensure, audits, or to send you information.

PATIENTS RIGHTS

THE RIGHT TO ACCESS YOUR RECORDS

Patients have the right to view and obtain copies of their own records.

THE RIGHT TO REQUEST RESTRICTIONS

Patients can put restrictions on who has access to their records.

THE RIGHT TO CONFIDENTIAL COMMUNICATION

Patients can request to make amendments to their records when they disagree with the content, however, physicians have the right to deny those requests. If your request is denied, I will provide you a written explanation and you may respond with a statement which will be added to the information you want changed.

THE RIGHT TO AN ACCOUNTING OF DISCLOSURES

Patients have the right to know everyone that our office discloses information to.

We reserve the right to change our privacy practices at any time.

Patient Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(if patient is a minor)