Notice of Privacy Practices

Evenfall Counseling | Karyn Summers, M.Ed., LMHC
Effective date: November 16, 2026

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.

This notice applies to protected health information maintained by Evenfall Counseling, including information about counseling, diagnoses, treatment, and payment. It describes the practice's responsibilities and your rights under HIPAA and applicable Washington law. More protective laws control when they restrict a use or disclosure described here.

Questions, requests, or privacy complaints
Contact: Karyn Summers, Privacy Contact
Telephone: 425-610-9228
Website: evenfallcounseling.com
Call to discuss this notice or arrange a secure way to submit a written request. Please avoid leaving detailed clinical information in voicemail.

Your rights

See or obtain your records. You may request in writing to inspect or receive an electronic or paper copy of records used to make decisions about you, including treatment and billing records. We provide the requested format when readily producible or agree on an available alternative. We respond as promptly as circumstances require, generally within 15 working days under Washington law. If a legally permitted delay is necessary, we explain it in writing and identify a completion date within the applicable deadlines, generally no later than 21 working days under Washington law and never later than the applicable HIPAA limit.

Any copying fee will be reasonable, cost-based, and limited by applicable law; there is no fee simply to inspect your records. Certain information may be excluded or access limited by law. If access is denied, we explain the reason in writing and any available review and complaint rights. HIPAA's access right excludes separately maintained psychotherapy notes; ordinary progress notes are not automatically excluded. Any additional access rights under Washington law still apply.

Request a correction. If information is inaccurate or incomplete, send a written amendment request explaining what should change and why. Under Washington law, we act within 10 days, or explain a legally permitted delay with a completion date no later than 21 days after receipt. If we deny the request, we explain why in writing and how you may submit a statement of disagreement to be included with the record.

Your rights, continued

Request private communications. You may ask us to contact you at a particular number or address, or by a particular method. We accommodate reasonable requests. Tell us your preferences, including whether we may leave a message.

Request limits on use or sharing. You may ask us to restrict information used or disclosed for treatment, payment, or health care operations, or shared with people involved in your care. We generally do not have to agree to treatment, payment, or operations restrictions unless law requires it. We will explain our decision and follow restrictions we accept, subject to legal exceptions such as necessary emergency treatment.

If you or someone on your behalf pays for a service in full without using a health plan, you may ask us not to disclose information solely about that service to your health plan for payment or health care operations. We must honor that request unless disclosure is required by law. Please make the request before a claim is submitted.

Receive a disclosure accounting. You may request a list of certain disclosures made during the six years before your request, or a shorter period you specify. HIPAA excludes several categories, including most treatment, payment, and operations disclosures, disclosures to you, and disclosures made under your authorization. We respond within 60 days, with one additional 30-day extension if permitted and explained in writing. One accounting in any 12-month period is free. We tell you about any permitted fee for additional accountings before charging it, so you can change or withdraw the request.

Obtain this notice. You may request a paper copy at any time, even if you previously agreed to electronic delivery. A copy is also available through our website.

Have an authorized representative. A person legally authorized to act for you may exercise your rights within that authority. We verify the person's authority first. Washington rules about minors, consent, and parental access apply; a parent does not automatically have access to every minor's mental health record. Legal exceptions may apply when recognizing a representative could create a risk of abuse, neglect, or endangerment.

Usual uses and disclosures

Subject to Washington confidentiality law and any additional consent requirements, we may use or disclose information for the following purposes:

Treatment. We use information to assess your needs, plan counseling, and provide care. For example, we may coordinate with another treating provider when legally permitted, obtaining authorization when required.

Payment. We use information to bill and collect payment. For example, a claim may include your diagnosis, dates of service, and service codes. Billing providers and health plans may receive information as permitted by law.

Health care operations. We use information to administer and improve the practice. For example, we may review records to evaluate quality or work with a contracted records or billing service. Business associates must protect information under required agreements. Appointment reminders and care-related communications may also be provided.

Other legally permitted or required disclosures

The following situations can allow or require disclosure without your written authorization. Each is subject to legal conditions, professional confidentiality, Washington mental health protections, and the special substance-use-record protections on page 4. We obtain authorization whenever applicable law requires it and limit information to what the law allows.

Public health and safety. We may report information to authorized public health agencies, such as legally reportable conditions, product safety problems, or adverse reactions, when applicable requirements are met.

Abuse, neglect, or domestic violence. We make legally required reports of suspected child abuse or neglect and abuse or neglect of vulnerable adults. Other abuse or domestic-violence disclosures are made only as authorized or required by law.

Serious safety threats. We may disclose information to appropriate people to prevent or lessen a serious and imminent threat to health or safety, consistent with law and professional standards. This may include legally required protective actions.

Health oversight. Authorized agencies may receive information for lawful audits, investigations, inspections, licensing, or other oversight. For example, the U.S. Department of Health and Human Services may require information to investigate HIPAA compliance.

Legal proceedings. We disclose information in response to valid legal process only after applicable requirements are met. A request or subpoena alone does not automatically override counseling confidentiality or privilege. We follow notice, authorization, court-order, and other safeguards required by law.

Law enforcement and specialized government functions. Limited disclosures may be permitted for specific law-enforcement purposes, correctional or custodial situations, military activities, national security, intelligence, or protective services. These exceptions do not give agencies unrestricted access to your counseling records.

Workers' compensation. Information may be disclosed as authorized by workers' compensation or similar laws, subject to applicable limits.

Deaths and organ donation. Information may be provided to coroners, medical examiners, funeral directors, or organ-procurement organizations to carry out legally authorized duties.

Research. Information may be used or disclosed for research only with the required authorization or a legally permitted alternative, such as an approved waiver, and subject to additional Washington restrictions.

Other legal obligations. We disclose information when a valid law requires it, limited to the information and purpose required. We also provide information to you or your representative as required by applicable access rights.

Family, friends, and people involved in your care

You may tell us whether information may be shared with family members, friends, or others involved in your care or payment. We obtain your written authorization when Washington law requires it. If you cannot express a preference, a limited disclosure may be made in your best interests or for disaster-relief notification only when applicable law permits it. Being a relative or paying a bill does not by itself entitle someone to your full counseling record.

Additional protections and our responsibilities

When written permission is needed

Uses and disclosures not described in this notice require your written authorization unless otherwise permitted or required by law. Most uses or disclosures of separately maintained psychotherapy notes require a specific authorization. Most marketing uses and disclosures, and disclosures that constitute a sale of protected health information, also require authorization, subject to narrow legal exceptions. An authorization must disclose payment to the practice when the law requires it.

You may revoke an authorization in writing at any time. Revocation stops future reliance on it but does not undo actions already taken in reliance on it. Other legal exceptions, including certain insurance-related rights, may apply. Call our privacy contact to arrange secure delivery of your revocation.

Protected substance use disorder records

If we receive or maintain substance use disorder records protected by 42 CFR Part 2, additional federal restrictions apply. Receiving general counseling does not automatically make every record a Part 2 record. Where required, we obtain a Part 2-compliant consent before using or disclosing these records, including for treatment, payment, or health care operations. A permitted consent for those purposes may allow a HIPAA-covered recipient to redisclose records under HIPAA, subject to Part 2's continuing restrictions.

Part 2 records, or testimony about their contents, may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your specific written consent or a qualifying court order entered after the required notice and opportunity to be heard. A court order authorizing disclosure must also be accompanied by a subpoena or another legal requirement compelling disclosure. A routine subpoena alone is insufficient.

If we use your information for fundraising, you may opt out of further fundraising communications without affecting treatment or payment. Before any fundraising use of Part 2 records, we provide a clear, conspicuous opportunity to decline such communications.

Our duties and changes to this notice

We are legally required to protect the privacy of your health information, provide this notice, and follow the notice currently in effect. We use required safeguards and notify affected individuals following a breach of unsecured protected health information as required by law, without unreasonable delay and within applicable deadlines.

We reserve the right to revise this notice and make the revised terms apply to information already maintained as well as information received later, to the extent permitted by law. The revised notice will show its effective date and be available on our website and upon request.

Questions or complaints - no retaliation

Contact **Karyn Summers at 425-610-9228** to ask questions, exercise your rights, or arrange to submit a privacy complaint to Evenfall Counseling. You may also complain directly to the **U.S. Department of Health and Human Services, Office for Civil Rights**: www.hhs.gov/hipaa/filing-a-complaint/index.html. This route also accepts Part 2 complaints. We will not retaliate against you for exercising your rights or filing a complaint.