

Notice of Privacy Practices

Effective Date: 01/01/2026

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.

Our Legal Duty

Pullman Behavioral Health PLLC is required by federal law (HIPAA) and Washington state law to protect the privacy of your protected health information (“PHI”). We are required to provide you with this Notice describing our legal duties and privacy practices and to follow the terms of the Notice currently in effect.

Information We Collect

If you contact us through our website or request placement on our waitlist for services, we may collect limited information such as your name, contact information, age range, insurance/payment category, basic presenting concerns, and service request preferences.

Information you submit through our website may become protected health information under HIPAA once it is received by our practice.

How We May Use and Disclose Your Information

We may use and disclose your health information without your authorization for the following purposes:

- **Treatment:** To determine whether our services are appropriate for you and to coordinate care if you become a client
 - **Payment:** To verify insurance participation or benefits if services are scheduled
 - **Health Care Operations:** To manage and operate our practice and comply with legal and regulatory requirements
 - **Contacting You:** To respond to your inquiry or notify you of availability
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Disclosures Required or Permitted by Law

We may disclose your information without your authorization in limited circumstances as required by federal or Washington state law, including:

- Suspected abuse or neglect of a child, vulnerable adult, or dependent adult

- Serious threats to your safety or the safety of others
- Court orders, subpoenas, or lawful requests
- Public health or oversight activities

Washington law provides heightened protection for mental health information, and disclosures are limited to the minimum required by law.

Uses and Disclosures Requiring Authorization

Any use or disclosure of your health information not described in this Notice will be made only with your written authorization. You may revoke an authorization at any time in writing, except to the extent action has already been taken in reliance on it.

Your Rights

You have the right to:

- Request access to or a copy of your health information
 - Request corrections to your health information
 - Request restrictions on certain uses or disclosures
 - Request confidential communications
 - Receive a paper copy of this Notice, even if you agreed to receive it electronically
 - File a complaint if you believe your privacy rights have been violated
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Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your health information
 - Notify you in the event of a breach of unsecured PHI
 - Follow the terms of this Notice
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Questions or Complaints

If you have questions about this Notice or wish to file a complaint, please contact us:

Pullman Behavioral Health PLLC

Phone (with secure voicemail): (509) 339-6401

Secure email: contact@pullmanbh.com

You may also file a complaint with the **U.S. Department of Health and Human Services** or the **Washington State Department of Health**. Filing a complaint will not result in retaliation.