

MyNest Therapy, PLLC, WASHINGTON

Notice of Privacy Practices (HIPAA)

Effective Date: October 7, 2025

This Notice describes how your protected health information (PHI) may be used and disclosed, and how you can access this information. Please review it carefully.

My Commitment to Your Privacy

Your privacy is protected in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and Washington State law. I am dedicated to maintaining the confidentiality and security of your health information.

Permitted Uses and Disclosures

Your health information may be used or disclosed for the following purposes:

Treatment: To provide, coordinate, or manage your mental health care and related services.

Payment: To bill and collect payment for services provided, including coordination with insurance or third-party payers such as Thrizer, Headway, Lyra, and others.

Health Care Operations: For administrative, quality improvement, and business management activities that support the delivery of care.

Your information may also be disclosed as required by law, including:

Suspected abuse or neglect

Threats of harm to self or others

Court orders or other legal requirements

To avert a serious threat to health or safety

Use of Technology and Artificial Intelligence (AI) Tools

To support accurate and timely clinical documentation, I use secure, HIPAA-compliant technology, including artificial intelligence (AI) tools. These tools:

Assist in organizing health information and creating clinical notes.

Are used only for treatment, payment, and health care operations.

Are managed by trusted technology partners who comply with HIPAA standards.

Do not use your information for any purpose other than your care and required operations.

Protect your privacy at all times. If you have questions or concerns about how your information is managed, please let me know.

Your Rights Regarding Your Health Information

You have the right to:

Access your records and request copies.

Request amendments or corrections to your records.

Request limits on certain uses and disclosures.

Request confidential communications, such as alternative contact methods.

Receive an accounting of disclosures of your health information.

Receive a copy of this Notice at any time.

To exercise any of these rights, please contact me through the secure portal.

Confidentiality and Record Storage

All session records are stored securely in a HIPAA-compliant electronic health record system. Information may be disclosed to prevent harm if you express intent to harm yourself or someone else, or if a child, elder, or dependent adult is at risk of abuse or neglect.

Breach Notification

You will be notified promptly if a breach occurs that may have compromised the privacy or security of your information.

Questions or Complaints

If you have concerns about your privacy, or wish to file a complaint, contact Nichole Seabolt, LMFT via the secure portal. You may also file a complaint with the U.S. Department of Health & Human Services, Office for Civil Rights: www.hhs.gov/ocr/privacy/hipaa/complaints/