

NOTICE OF PRIVACY PRACTICES
Health Insurance Portability and Accountability Act (HIPAA)

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.

I am committed to providing quality mental health care and protecting your privacy is of utmost importance to me. The Health Insurance Portability and Accountability Act (HIPAA) requires that I disclose to you my privacy policies, and document that you have understood them. Please read through this notice and then indicate on the Client Information Form that you have done so.

WHAT IS PROTECTED HEALTH INFORMATION or PHI? “protected health information” or “PHI” for short, is information related to your healthcare that uniquely identifies you. PHI does not include publicly available information about you, or information available in a summary form that does not uniquely identify you.

HOW I PROTECT YOUR PHI : In the course of providing clinical services, I gather and maintain clinical and administrative information about my clients. I respect the privacy of your PHI and understand the importance of keeping this information confidential and secure, I must maintain the privacy of your PHI implementing reasonable and appropriate safeguards

I restrict access to your PHI to myself and to your insurance company if you ask me to bill them for services. I have established and maintain appropriate physical, electronic, and procedural safeguards to protect your PHI against unauthorized use or disclosure. I will review at least annually, any changes to federal and state privacy regulations. HIPAA permits counselors and other health care professionals to share information for the purposes of treatment. I think it is best to request from you written permission to do so, unless it I need to act to protect your health and wellbeing in an urgent situation when there's isn't the opportunity to request your written permission.

Per HIPAA, these are the types of use and disclosure of PHI permitted without your authorization:

Treatment payment: Federal and state law allows me to use and disclose your PHI in order to bill and collect payments for the health care services I provide. When you ask me to bill your insurance you are also giving permission for me to disclose your PHI to health plans or other responsible parties to receive payment for the services provided to you. However, even here I am as discreet as possible while complying with the insurance company requirements of the documentation they ask for.

I may also use or disclose your PHI, for example, to contact you by phone, for scheduling or other purposes. I make every effort to safeguard your privacy, generally identifying myself by name only, not disclosing to any third party the nature of our relationship, and using neutral, non-clinical terms such as “meeting” instead of “appointment”.

Under some rare circumstances, I am allowed to use and disclose your PHI without your authorization. These include:

Federal and state laws may require me to disclose certain PHI to others, such as public agencies, for various reasons;

- a. Reports about child and other types of abuse or neglect or domestic violence;
- b. Health oversight activities such as audits from insurance companies or governmental agencies that are responsible for licensing health care providers;
- c. In connection with court proceedings or proceedings before administrative agencies, or to defend myself in a legal dispute;
- d. To avert a serious threat to the health or safety of you or other members of the public;
- e. For national security and intelligence/military activities such as protection of the President or foreign dignitaries; and
- f. In connection with services provided under workers' compensation laws.

There are some types of PHI, such as HIV test results or mental health information, which are protected by stricter laws. However, even such PHI may be used or disclosed without your written authorization if required or permitted by law.

In the treatment of minors, you, as a parent, generally have legal access to your minor child's PHI. In some cases, however, I am permitted or even required by law to deny a parent access to their child's PHI, when it would be potentially harmful for the minor and the minor is legally able to consent to medical services without parental consent. It is usually desirable to maintain some level of confidentiality for children who have individual sessions in conjunction with family sessions -- and the level of confidentiality varies with age. However, we discuss this all together at the start of treatment, we proceed when we are all in agreement, and we modify the agreement later as necessary. The long-term health and wellbeing of your child is primary, so I explain to all that I cannot keep confidential from parents things that will be harmful for the child, when the parent can help prevent such harm, as is usually the case.

Authorizations: all other uses and disclosure of your PHI must be made with your written authorization in forms I will provide. You may revoke or modify your authorization at any time, in writing. Your revocation or modification would not be effective against information that I have previously released with your consent.

YOU HAVE RIGHTS REGARDING YOUR PHI

Access to your PHI: You have the right to review and copy your PHI information. If you wish to access your PHI, please set up an appointment during which we can review your PHI confidentially in my office. If you would like a copy of the information, I will ask you to sign a form taking responsibility for the privacy and uses of the copies, and I may charge a reasonable fee for copying your PHI to the extent permitted by law. When I believe that a copy of the PHI may not be in a client's best interest, I discuss this with the person and I am allowed by law to provide a summary. If I deny your request for review or copy of your PHI, I will explain the reason in writing.

Right to amend your PHI You have the right to request amendments to your PHI. If you wish to have your PHI corrected or updated, please write and tell me what you want changed and why. I will respond to you in writing. If I deny your request, I will explain why. However, I will include in your PHI your letter explaining why you disagree with something I have written and why.

Right to receive an accounting of disclosures of your PHI: You have the right to request an accounting (a list of who I disclosed what to) of certain disclosures that I make of your PHI. You can request an accounting by writing to me at the address listed above. Please note that certain disclosures, such as those made for treatment, payment, or health care operations, need not be included in the accounting. I will respond to your request no later than 60 days after I receive it.

Right to receive a copy of this Notice: You have the right to request or download a paper copy of this notice.

Right to request restrictions: You have the right to request restrictions on how I use and disclose your PHI for treatment, payment and health care operations. All requests must be made in writing, but also in a therapy session where I welcome the expression of your concerns. For effective treatment it is essential that we develop a good working relationship, and your concerns are of utmost importance. These are to be balanced with the need to provide (or your child) with quality care. HIPAA does not require the therapist to accept your request for restrictions.

Right to confidential communications: You have the right to request in writing that I provide your PHI to you in a confidential manner. For example, you may request that I send your PHI by an alternate means (e.g., sending by a sealed envelope) or to an alternate address (e.g., calling you at a different telephone number, or sending a letter to you at your office address rather than your home address). I will accommodate any reasonable requests unless prohibited by law.

Right to complain: I must follow the privacy practices set forth in this Notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or file a complaint, please direct your inquiries to me at: P O Box 969; Gold Hill, OR 97525. You may also contact your health plan or complain directly to my licensing board, whose name and address will be provided to you in my Professional Disclosure.

Rights reserved: I will use and disclose your PHI to the fullest extent authorized by law. I reserve the rights as expressed in this Notice. I reserve the right to revise my privacy practices consistent with law, and make them applicable to your entire PHI information, regardless of when it was received or created. If I make changes to my privacy practices, I will promptly revise this Notice and let you know. Unless the changes are required by law, I will not implement material changes to my privacy practices before I revise this Notice.

Effective date: The effective date of this Notice is January 10, 2016.