



## **Notice of Privacy Practices**

**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.**

### **My commitment to your privacy**

I am committed to maintaining the privacy of your personal health information. I also am required by applicable federal and state laws to keep your information private. Personal Health Information (PHI) means any information that is identifiable to you as your personal information, including information regarding your healthcare and treatment and identifiable factors including your name, age, address, income, or financial information. As of January 1, 2009, I will follow the privacy practices that are described in this notice while it is in effect.

### **COLLECTING YOUR PERSONAL INFORMATION**

I collect your personal information from you for the purpose of clinical case management and billing you and/or your insurance (if applicable). I protect your personal information by:

- Treating all of the information collected as confidential.
- Restricting access to your PHI only to myself and your insurance company (if applicable), unless disclosure is otherwise required or allowed by law or authorized by you.
- Disclosing only your PHI necessary for insurance payment to the insurance company (if applicable).
- Maintaining physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your PHI.
- Your PHI will not be disclosed unless I am allowed or required by law to make disclosure, or if you or your authorized representative give me permission.

### **The following are the types of disclosure I may make as allowed or required by law:**

**Treatment:** I maintain your PHI for treatment activities.

**Payment:** I may use and disclose your PHI for payment activities.

**Plan Sponsors and Underwriting:** If you are enrolled in a group health plan, I may disclose your PHI to the sponsor to permit it to perform administrative activities relating to your benefits, benefit payment, and your contract of health insurance/benefits.

**Transfer Plan:** In the event of my disability or death, my colleague Rachel Starck, LPC, CADC III, may access your PHI to inform you of my lack of availability and to help ensure that you are able to access the ongoing treatment you need. The procedures for this are outlined in a separate document.

**To You or Your Authorized Representative:** Upon your written request, I will disclose your PHI to you or your named authorized representative or entity. You may revoke your authorization at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. In certain situations when disclosure of your PHI could be harmful to you or another person, I may limit the information available to you, or use an alternative means of meeting your request.

**To Your Parents, if You are a Minor:** Some state laws concerning minors permit or require disclosure of your PHI to parents, guardians, and persons acting with similar legal status. I will follow Oregon law in these disclosures.

**To Your Family and Friends:** If you are unable to consent to the disclosure of your PHI, such as in a medical emergency, I may disclose your PHI to a family member or a friend to the extent necessary to help you with your health care or with payment for your treatment.

**Public Health and Safety:** I may disclose your PHI if I believe disclosure is necessary to avert a serious and imminent threat to your health and safety or the health and safety of others. I may disclose your PHI if I believe that you are a possible victim of abuse, neglect, domestic violence, or other crimes.

**Required by Law:** I must disclose your PHI when I am required to do so by law.

**Process and Proceedings:** I may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

**Law Enforcement:** I may disclose limited information to law enforcement.

**Military and National Security:** I may disclose to military authorities the personal information of Armed Forces personnel under certain circumstances. I may disclose to authorized federal officials PHI for lawful intelligence, counterintelligence, and other national security activities.

### **WHAT RIGHTS DO YOU HAVE AS AN INDIVIDUAL REGARDING MY USE AND DISCLOSURE OF YOUR PERSONAL INFORMATION?**

You have the right to request all of the following:

**Access to your PHI:** You have the right to review and receive a copy of your PHI. I may charge you a nominal fee for providing you with copies of your PHI. This right doesn't include the right to obtain copies of the following records: Psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to other state or federal laws that prohibit me to release such information. I may also limit your access to your PHI if I determine that providing the information could possibly harm you or another person; you have the right to request a review of that decision.

**Amendment:** You have the right to request that I amend your PHI. Your request must be in writing, and it must identify the information that you think is incorrect and explain why the information should be amended. I may decline your request for certain reasons, including if you ask me to change information that I did not create. You may respond with a statement of disagreement to be appended to the information you want amended. If I accept your request to amend the information, I will make reasonable efforts to inform others, including people you have authorized, of the amendment and to include in any future disclosure of that information.

**Accounting of Disclosures:** You have the right to receive a report of instances in which I disclosed your personal information for purposes other than for treatment, health care operations, and certain other activities. You are entitled to such an accounting for the 6 years prior to your request, though not for disclosure made prior to July 1, 2007. I will provide you with the date on which I made a disclosure, the name of the person or entity to whom I discussed your PHI, a description of the PHI I disclosed, the reason for the disclosure, and other applicable information. If you request this list more than once in a 12-month period, I may charge you a reasonable fee for creating and sending these additional reports.

**Restriction Requests:** You have the right to request that I place additional restrictions on my use or disclosure of your PHI for treatment, payment, or healthcare operations or to persons you identify. I may

be unable to agree to your requested restrictions. If I do agree, I will abide by our agreement, except in an emergency.

**Confidential Communication:** You have the right to request that I communicate with you in confidence about your PHI by alternative means or to an alternative location. Please specify any limits on means of communication (for example, you can ask me to call you at home and not at work to schedule or cancel an appointment). I will try my best to do as you ask.

**Copy of this Notice:** You have a right to receive a copy of this Notice. If I change this Notice, I will post the new version in the waiting area and you can always request a copy of the current Notice at any time.

**Complaints:** You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint directly with me and with the Secretary of the Department of Health and Human Services, and the boards that issue my license and certifications.

**I reserve the right to change my privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law.**

**If you want additional information or further explanation regarding my privacy practices, please contact me at (971) 226-4040.**

### **Consent to Use and Disclose Your Health Information**

By signing this form you are agreeing to let me use your information here and send it to others. The Notice of Privacy Practices explains in detail your rights and how I can use and share your information. Please read this before you sign this Consent.

After you have signed this Consent, you have the right to revoke it (by writing me a letter telling me you no longer consent) and I will comply with your wishes about using or sharing your information from that time on but I may have already used or shared some of your information and cannot change that.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date