

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.

I understand that medical information about you and your health is personal. I am committed to protecting medical information about you. This notice applies to the information and records I have about your health, health status, and the health care and service you receive at this office. Your health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your mental health history, symptoms, diagnoses, treatments, procedures, related billing activity and similar types of health-related information.

This notice describes the information privacy practices that I follow. I am required by law to maintain the privacy of your protected health information, provide you with this notice and abide by the terms of this notice.

This notice will tell you about the ways in which I may use and disclose health information about you and describes your rights and my obligations regarding the use and disclosure of that information.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

- **Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you; ask me how to do this. I will provide a copy or a summary of your health information, usually within 30 days of your request; I may charge a reasonable, cost-based fee.
- **Ask me to correct your medical record.** You can ask me to correct health information about you that you think is incorrect or incomplete; ask me how to do this. I may say “no” to your request, but I’ll tell you why in writing within 60 days.
- **Request confidential communications.** You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will say “yes” to all reasonable requests.

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- **Ask me to limit what I use or share.** You can ask me not to use or share certain health information for treatment, payment, or my operations; I am not required to agree to your request, and I may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer; I will say “yes” unless a law requires me to share that information.
- **Get a list of those with whom I’ve shared information.** You can ask for a list (accounting) of the times I’ve shared your health information for six years prior to the date you ask, who I shared it with, and why. I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before I take any action.
- **File a complaint if you feel your rights are violated.** You can complain if you feel I have violated your rights by contacting me using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html. I will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.

- **In these cases, you have both the right and choice to tell me to:** Share information with your family, close friends, or others involved in your care; share information in a disaster relief situation; and contact you for fundraising efforts. *If you are not able to tell me your preference, for example if you are unconscious,*

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I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

- **In these cases I never share your information unless you give me written permission:** Marketing purposes; sale of your information; most sharing of psychotherapy notes.
- **In the case of fundraising:** I may contact you for fundraising efforts, but you can tell me not to contact you again.

MY USES AND DISCLOSURES

- **How do I typically use or share your health information?** I typically use or share your health information in the following ways:
- **Treat you.** I can use your health information and share it with other professionals who are treating you. Example: A therapist treating you for a mental health condition asks your psychiatrist about your mental health condition.
- **Run my organization.** I can use and share your health information to run my practice, improve your care, and contact you when necessary. Example: I use health information about you to manage your treatment and services.
- **Bill for your services.** I can use and share your health information to bill and get payment from health plans or other entities. Example: I give information about you to your health insurance plan so it will pay for your services.
- **For Appointment Reminders.** I may contact you as a reminder that you have an appointment for treatment at my office. Please notify me if you do not wish to be contacted for appointment reminders.
- **For Identity Theft Prevention.** I may collect copies of your government-issued photo identification or other documents at your first appointment in order to verify your identity and help prevent identity theft.

How else can I use or share your health information? I am allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html

- **Help with public health and safety issues.** I can share health information about you for certain situations such as: Preventing disease; helping with product

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recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; or preventing or reducing a serious threat to anyone's health or safety.

- **Prevent physical injury.** I can share information about you if I discover a clear intent to commit a crime that is likely to result in physical injury to someone else [ORS 675.580(d)].
- **If a minor is a victim.** I must file a report if I discover that a minor was the victim of a crime, abuse, or neglect.
- **Abuse of the elderly.** If I discover that any person age 65 or older has suffered abuse, I am required to make a report.
- **Do research.** I do not currently engage in research activities. However, I can use or share your information for health research if you do not object.
- **Comply with the law.** I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I'm complying with federal privacy law.
- **Work with a medical examiner or funeral director.** I can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers' compensation, law enforcement, and other government requests.** I can use or share health information about you: For workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions.** I can share health information about you in response to a court or administrative order, or in response to a subpoena.
- **Respond to a legal action or complaint with the State Board.** If you initiate legal action or makes a complaint against me to the State Board of Licensed Social Workers, I will share information about you with the board in order to comply with my requirements.
- **Complying with a State Board investigation or proceeding.** If information about you is requested by the State Board of Licensed Social Workers as part of an investigation or proceeding, I will comply.
- **Information not personally identifiable.** I may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- **Family and Friends.** I may disclose health information about you to your family members or friends if I obtain your verbal agreement to do so or if I give you an opportunity to object to such a disclosure and you do not raise an

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objection. I may also disclose health information to your family or friends if I can infer from the circumstances, based on my professional judgment that you would not object. *For example, I may assume you agree to my disclosure of your personal health information to your spouse/partner when you bring your spouse/partner with you to be present during your therapy appointment or while treatment is discussed.*

MY RESPONSIBILITIES

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see: www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html

CHANGES TO THE TERMS OF THIS NOTICE

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my website.

EFFECTIVE DATE OF THIS NOTICE

The effective date of this Notice is December 26, 2018.