

# NOTICE OF PRIVACY PRACTICES Health Insurance Portability and Accountability Act of 1996 (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.*

**About My Practice** I am committed to providing quality mental healthcare. Safeguarding your privacy is my biggest concern. A new law, the Health Insurance Portability and Accountability Act (HIPAA) requires that I disclose to you my privacy policies, and document that you have understood them.

**What is "Protected Health Information" or PHI?** "Protected health information" - "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.

**Purpose of this Notice** 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. This Notice describes my privacy practices and how I protect the confidentiality of your PHI. I must maintain the privacy of your PHI by implementing reasonable and appropriate safeguards. I am also required to explain to you via this Notice my legal obligations to maintain the privacy of your PHI. I must follow the policies described in the Notice currently in effect.

**How I Protect Your PHI** I restrict access to your PHI to myself and those third party agencies required to provide services to my clients. Generally, this includes me, my billing service, and employees of managed care or insurance agency needed to file your claim, if applicable. 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.

## **Types of Use and Disclosure of PHI I May Make Without Your Authorization**

**Treatment Payment: Health Care Operations:** Federal and state law allows me to use and disclose your PHI in order to provide mental health care services to you, as well as to bill and collect payments for the health care services provided. With your permission, I may disclose your PHI to health plans or other responsible parties to receive payment for the services provided to you.

I may also use or disclose your PHI, for example, to recommend to you treatment alternatives, to inform you about health-related benefits and services that I offer, or to contact you to remind you of your appointments. I conduct these activities to provide behavioral health care to you, and not as marketing. 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."

Federal and state law also allows me to use and disclose your PHI as necessary in connection with my health care operations. For example, I may use your PHI for resolution of any grievance or appeal that you file if you are unhappy with the care you have received. I may also use your PHI in connection with population-based disease management programs.

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

When required by law: federal or state laws may require me to disclose certain PHI to others, such as public agencies for various reasons;

Reports about child and other types abuse or neglect or domestic violence;

Health oversight activities such as reports to governmental agencies that are responsible for licensing physicians or other health care providers.

Lawsuits and other legal disputes: In connection with court proceedings or proceedings before administrative agencies, or to defend myself in a legal dispute;

To avert a serious threat to the health or safety of you or other members of the public;

For national security and intelligence/ military activities such as protection of the President or foreign dignitaries; and

In connection with services provided under workers' compensation laws.

You as a parent can generally control your minor child's PHI. In some cases, however, I am permitted or even required by law to deny your access to your child's PHI, such as when your child can legally consent to medical services without your permission.

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.

**Authorizations** All other uses and disclosures of your PHI must be made with your written authorization. If you need an authorization form, I will send you one for you or your personal representative to complete. When you receive the form, please fill it out and send it to my attention at the following address: PO Box 1251, Ashland, OR 97520

You may revoke or modify your authorization at any time by writing to me at the same address. Please note that your revocation or modification may not be effective in some circumstances, such as when I have already taken action relying on your authorization.

### **Your Rights Regarding Your PHI**

**Access to Your PHI** You have the right to review and copy your PHI information. If you wish to access to your PHI, please set up an appointment during which we can review your PHI in my possession. If you would like a copy of the information, please write to me at the same address. I may charge a reasonable fee for copying your PHI to the extent permitted by law. If I deny your request for review or copy of your PHI, I will explain the reason hi writing. If I don't have your PHI, but know who does, I will tell you whom to contact.

**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. You may also send me an addendum of up to 250 words in length for each item you believe is incorrect. Please clearly indicate that you want the addendum to be included in your PHI. I will attach your addendum to the record(s) of you PHI. Your amended PHI will be available for your review upon request

**Right to Receive an Accounting of Disclosures of Your PHI** You have the right to request an accounting of certain disclosures that I make of your PHI. You can request an accounting by writing to me. Please note that certain disclosures, such as those made for treatment, payment, or health care operations, need not be included in the accounting I provide to you. I will respond to your request no later than 60 days after I receive it

**Right to Receive a Copy of This** You have the right to request and receive 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 operation. All requests must be made in writing. Upon receipt, I will review your request and notify you whether I have accepted or denied your request Please note that I am not required to accept your request for restrictions. Your PHI is critical for providing you with quality health care. I believe I have taken appropriate safeguards and internal restrictions to protect your PHI, and that additional restrictions may be harmful to your care.

**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 hi 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: PO Box 1251, Ashland, OR 97520

You may also contact your Health Plan or complain directly to my licensing board, whose name and address will be provided to you upon request.

**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 our 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 material or important changes to our privacy practices, I will promptly revise this Notice. Unless the changes are required by law, I will not implement changes to our privacy practices before I revise this Notice-**Effective Date** 11/0 1/2008.

