

Notice of Privacy Practices Effective date: January 1, 2013

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

Your health record contains personal information about you and your health. The information about you that may identify you demographically and that relates to your past, present or future physical or mental health or condition, and related health care services is referred to as Protected Health Information ("PHI").

I am required by federal law and ethically bound to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice. I reserve the right to change this Notice at any time and any new Privacy Practices adopted will be effective for all PHI that I maintain at that time. The new Privacy Practice Notice will be posted at the office, and a copy will be provided to you at your request.

Uses and Disclosures of Health Information About You Under federal law, I am permitted to use and disclose personal health information without authorization for treatment, payment and health care operations. Health care operations include but aren't limited to activities such as communications among health care providers; conducting quality assessment and improvement activities; evaluating the qualifications, competence and performance of health care professionals; training future health care professionals; other related services that may be a benefit to you such as case management and care coordination, contracting with insurance companies, compiling and analyzing information in anticipation of or for use in legal proceedings, and for general administrative and business functions.

How medical information may be used for treatment and healthcare operations: – Your PHI may be used and disclosed by me for the purpose of providing, coordinating, or managing your healthcare treatment and related services. This includes consultation with clinical supervisors or peer clinicians as well as when contractors are hired for billing or transcription services.

– This also may include use of the emergency contact information you provided to contact you if the address of record is no longer accurate.

– I may contact you by phone to remind you of your appointments or offer you opportunities for education or additional health care options.

– In the event of vacation or emergency, I may disclose sufficient information about you to another professional to ensure that you are notified and assisted to the extent possible.

Payment – I may submit claims to your insurance company containing medical information and I may contact their utilization review department to receive pre-authorization for treatment.

– Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

– I may use and disclose PHI if it becomes necessary to use collection processes due to lack of payment for services.– I will submit only the minimum amount of PHI information necessary for the above purposes.

Disclosures without your authorization

According to federal law, I am designated as the “Privacy Officer” for my practice. I may, use and disclose health information about you without your authorization in the following instances:

- In the case of an emergency or of a serious threat to health or safety
- When there are communication or language barriers
- When required by law, such as when I suspect child abuse/neglect or abuse/neglect to elderly or disabled persons
- If I am concerned you may commit suicide or homicide
- For law enforcement purposes
- In the case of public health risks, legal subpoenas, court orders, warrants, summonses or similar processes
- To comply with worker's compensation or similar programs established by law
- When mandated by government regulatory agencies for audits, investigations, etc.

The above list is not an exhaustive list, but informs you of most circumstances when disclosures without your written authorization may be made. Other uses and disclosures will generally (but not always) be made only with your written authorization, even though federal privacy regulations or state law may allow additional uses or disclosures without your written authorization. If Oregon law protects your confidentiality or privacy more than the federal “Privacy Rule” does, or if Oregon law gives you greater rights than the federal rule does with respect to access to your records, I will abide by Oregon law. For more information on Oregon law please refer to the Oregon Revised Statutes, or to the Oregon Administrative Rules which are available online at: www.oregon.gov.

In general, uses or disclosures by me of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure.

Your Privacy Rights

You have the following rights regarding your protected health information. If you would like to exercise any of these rights, please ask me for what you want.

1. Right of Access to Inspect and Copy

You have the right to inspect and copy protected health information about you by making a specific request to do so in writing. This right to inspect and copy is not absolute – in other words, I am permitted to deny access for specified reasons. For instance, you do not have this right of access with

respect to my “psychotherapy notes.” The term “psychotherapy notes” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical (includes mental health) record. The term excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. I may charge you \$.25 per page for copies plus postage cost.

2. Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of protected health information about you, such as those necessary to carry out treatment, payment, or health care operations. I am not required to agree to your requested restriction and you will be notified if your request is denied.

3. Right to Request Confidential Communication You have the right to receive confidential communications of protected health information from me by alternative means or at alternative locations. I will accommodate reasonable requests that are made in writing. 4. Right to Request Amendments You have the right to request that I amend protected health information in my records by making a request to do so in a writing that provides a reason to support the requested amendment. This right to amend is not absolute – in other words, I am permitted to deny the requested amendment for specified reasons. You also have the right, subject to limitations, to provide me with a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become a part of your record. 5. Right to Receive and Accounting of Disclosures You have the right to receive an accounting from me of certain disclosures of protected health information made by me in the six years prior to the date on which the accounting is requested. As with other rights, this right is not absolute. In other words, I am permitted to deny the request for specified reasons. For instance, I do not have to account for disclosures made in order to carry out my own treatment, payment or health care operations. I also do not have to account for disclosures of protected health information that are made with your written authorization, since you have a right to receive a copy of any such authorization you might sign. 6. Right to a Copy of this Notice You have the right to obtain a paper copy of this notice from me upon request. 7. Right to Complain If you are concerned about your privacy, please discuss your concerns with me. If you believe your privacy rights have been violated, you have the right to file a written complaint with me or with: U.S. Department of Health and Human Services Office of Civil Rights Atlanta Federal Center Suite 3B70 61 Forsyth St., S.W. Atlanta, GA 30303-8909 Phone: (404) 562-7886 You will not be penalized for filing a complaint.

When you sign the informed consent form as the patient, or guardian of a patient, you give me permission to use and disclose your PHI for the purposes of treatment, payment and health care operations. This permission does not include psychotherapy notes, psychosocial information, alcoholism,

and drug abuse treatment records and other privileged categories of information which require a separate authorization. You will need to sign a separate authorization to have protected health information released for any reason other than treatment, payment or healthcare operations. You may change your mind and revoke authorization except (1) to the extent that we have relied on the authorization up to that point, (2) if the authorization was obtained as a condition of obtaining insurance coverage. All requests to revoke authorization should be in writing.