

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

With your consent, I may use or disclose your protected health information (PHI) for the purposes of treatment, payment, and health care operations.

- *PHI* refers to information in your health record that could identify you.
- **Treatment, Payment, and Health Care Operations**
Treatment is when I provide, coordinate, or manage services related to your health care. An example might be when I consult with another health care provider such as your family physician or another psychologist.
Payment is when I obtain reimbursement for your healthcare. Examples might include when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
Health Care Operations are activities that relate to the performance and operation of my practice. Examples might include quality assessment activities, business-related matters such as audits, case management, and care coordination.
- *Use* applies only to activities within my practice such as utilizing, examining, and analyzing information that identifies you.
- *Disclosure* applies to activities outside of my practice such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and healthcare operations with your authorization. An *authorization* is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment, and healthcare operations, I will obtain an authorization from you before releasing this information. I will need to obtain an authorization before ever releasing your psychotherapy notes. *Psychotherapy notes* are notes I have made during our sessions. These notes are given a greater degree of protection than PHI.

You may revoke authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that : (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If there is a child abuse investigation, I may be compelled to turn over your relevant records.
- **Adult and Domestic Abuse:** If there is an elder abuse or domestic violence investigation, I may be compelled to turn over your relevant records.
- **Health Oversight:** The Oregon State Board of Psychologist Examiners may subpoena relevant records from me should I be the subject of a complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for records relating to your evaluation, diagnosis, and treatment, such information is privileged under state law, and I must not release your information without written authorization by you, your attorney, or a court order. This privilege

- does not apply, however, when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health and Safety:** I may disclose confidential information when I judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. I must limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems.
 - **Worker's Compensation:** If you file a worker's compensation claim, this constitutes authorization for me to release your relevant mental health records. This would include a past history of complaints or treatment of a condition similar to that in the complaint.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction that you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations**-- You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send any necessary correspondence to the alternative address that you specify).
- **Right to Inspect and Copy** – You have a right to inspect and/or obtain a copy of your PHI and psychotherapy notes for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. If needed, I will discuss with you the details of the request and denial process.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. If needed, I will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures in Section III of this notice). On your request, I will discuss with you the details of the accounting process.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of this notice.

Psychologist's Duties

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide you with a revised notice at your next session following the completed revision.

V. Complaints

If you are concerned that I have violated your privacy rights or you disagree with a decision I have made about access to your records, you may discuss your concerns with me at any time. You may also write to the Secretary of the U.S. Department of Health and Human Services.