

NOTICE OF PRIVACY PRACTICES

Effective Date of This Notice: 01/01/23

This notice describes how your health information may be used and disclosed and how you can get access to this information. Please review it carefully. You may have additional rights under Oregon state law. Please consult with an attorney licensed in Oregon if you have questions regarding your rights to health care information.

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that your health information is personal and confidential. I am committed to protecting your information. I create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all records of your care generated by this practice, both paper and electronic. It informs you of the ways in which your information may be used or disclosed, details your rights regarding your health information, and describes my obligations in protecting it.

I am required by law to:

- Ensure that health information that identifies you is kept private.
- Inform you of my legal duties and privacy practices with respect to your health information.
- Follow the terms of the notice currently in effect.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

For Treatment, Payment, or Health Care Operations: Federal privacy rules allow health care providers with a direct treatment relationship with you to use or disclose your health information without your written authorization for their own treatment, payment, or health care operations. Examples include:

- **Treatment:** Sharing your health information with other healthcare providers involved in your care (e.g., referrals or consultations between providers).
- **Payment:** Using and disclosing your health information to obtain payment for services provided to you (e.g., sending billing information to your insurance company).
- **Health Care Operations:** Using and disclosing your health information for operational purposes, such as quality assessment, training, and administrative activities.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Psychotherapy Notes: Any use or disclosure of psychotherapy notes requires your explicit authorization unless the use or disclosure is for treatment, legal defense in proceedings you initiate, training purposes, or required by law.

Marketing and Sale of PHI: Your health information will not be used for marketing purposes or sold without your prior written consent.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION:

Under law, I can use and disclose your health information without your authorization for reasons such as public health activities, health oversight activities, judicial and administrative proceedings, law enforcement purposes, and research under certain conditions.

V. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

- **The Right to Request Limits on Uses and Disclosures:** You may request that we restrict the use or disclosure of your health information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement.
- **The Right to Request Confidential Communications:** You may request to receive communications in a certain manner or at a certain location.
- **The Right to Access and Copy Your PHI:** You have the right to access and obtain a copy of your PHI. We may charge a reasonable fee for the costs of producing and mailing the copies.
- **The Right to Amend Your PHI:** You have the right to request an amendment to your PHI if you believe it is incorrect or incomplete.
- **The Right to Receive an Accounting of Disclosures:** You can request a list of the disclosures we have made of your PHI.

VI. CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice effective for all the information we maintain. Updated notices will be available in our office and on our website.

For More Information or to Report a Problem:

If you have questions or complaints about our privacy practices, please contact us at:

503-877-4574