

Notice of Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL & PSYCHIATRIC INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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

We may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your consent. To help clarify these terms, here are some definitions:

- *PHI* refers to information in your health record that could identify you.
- *Treatment* is when we provide, coordinate or manage your health care and other services related to your health care. Treatment includes consulting with other health care providers, such as your physician. Treatment also includes consulting with other health and mental health professionals for suggestions about treatment. During consultations, we make every effort to avoid revealing the identity of our patients. The other professionals are also legally bound to keep the information confidential.
- *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we 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 our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- *Use* applies only to activities within our practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *Disclosure* applies to activities outside of our practice, such as releasing, transferring, or providing access to information about you to other parties.
- *Consent* refers to your consent and agreement to our releasing your PHI, signified by your reading and signing our Office Policies and Consent to Treatment form or an authorization to release specific information.

II. Other Uses and Disclosures Requiring Authorization

We may use or disclose confidential information (including but not limited to PHI) for purposes of treatment, payment and healthcare operations when your written informed consent is obtained. We may also use or disclose PHI for purposes outside of treatment, payment, and health care operations when your authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. When we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing the information. We will also need to obtain an authorization before releasing your psychotherapy notes.

“*Psychotherapy notes*” are notes your provider may make about communication during a psychotherapy session, which we keep separate from the rest of your clinical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) We 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 without Authorization

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

- **Child Abuse:** If we have reasonable cause to believe that a child with whom we have had contact has been abused, we may be required to report the abuse. If we have reasonable cause to believe that an adult with whom we have had contact has abused a child, we may be required to report the abuse. In any child abuse investigation, we may be compelled to turn over PHI. Regardless of whether we are required to disclose PHI or to release documents, we have an ethical obligation to prevent harm to our patients and others. We will use our professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.
- **Mentally ill or Developmentally Disabled Adults:** If we have reasonable cause to believe that a mentally ill or developmentally disabled adult, who receives services from a community program, has been abused, we may be required to report the abuse. Additionally, if we have reasonable cause to believe that any person with whom we come into contact has abused a mentally ill or developmentally disabled adult, we may be required to report the abuse. Regardless of whether we are required to disclose PHI or to release documents, we also have an ethical obligation to prevent harm to our patients and others. We will use our professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.
- **Other Abuse:** We may have an ethical obligation to disclose your PHI to prevent harm to you or others.
- **Serious Threat to Health or Safety:** We may disclose confidential information when we 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. We 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.
- **Health Oversight:** The Oregon State Board of Psychologist Examiners may subpoena relevant records from us should one of our providers be the subject of a complaint.
- **Judicial or Administrative Proceedings:** Your PHI may become subject to disclosure if any of the following occur:
 1. If you become involved in a lawsuit, and your mental or emotional condition is an element of your claim, or
 2. A court orders your PHI to be released, or orders your mental evaluation.
- **Worker's Compensation:** If you file a worker's compensation claim, filing the claim constitutes authorization for us to release your relevant mental health records to involved parties and officials. This would include a past history of complaints or treatment of a condition similar to that in the worker's compensation claim.
- **Overdue Fees:** We have the option of using legal means to secure payment of overdue fees. This may involve hiring a collection agency or going through small claims court which will require us to disclose otherwise confidential information. In most collection situations, the only information we release regarding a patient's treatment is his/her name, address and phone, the nature of services provided, and the amount due.
- **Insurance Payment:** Your contract with your health insurance company requires that we provide it with information relevant to the services that we provide to you. If you have an Oregon insurance policy with the state law requirement that by accepting policy benefits, you are deemed to have consented to examination of your clinical record for purposes of utilization review, quality assurance and peer review by the insurance company. Sometimes we are required to provide additional clinical information such as treatment

plans or summaries, or copies of your clinical record. In such situations, we release only the minimum information about you that is necessary for the purpose requested.

IV. Patient's Rights and Psychologist's/Psychiatrist'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, we are not required to agree to a restriction 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 one of our providers. Upon your request, we will send your bills to another address.)
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we 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. We may deny your request. On your request, we 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 of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we 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 the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's/Psychiatrist's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will provide you with a revised notice when you come for an appointment or by mail.

V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, please contact us first. However, if you are still not satisfied with our resolution, you may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14, 2003.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice when you come for an appointment or by mail.

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**Notice of Policies and Practices to Protect the Privacy of Your Health
Information**

Signature Acknowledgment Form

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE YOU HAVE RECEIVED THE
HIPAA NOTICE FORM NAMED ABOVE.

Signature

Date