

## NOTICE OF PRIVACY PRACTICES

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.

### **My commitment to your privacy:**

My practice is dedicated to maintaining the privacy of your Personal Health Information. (This includes information such as diagnosis, procedures, dates seen, acknowledgement of progress, and symptoms. It does not however, include psychotherapy notes.) This is a requirement by law.

I will use your Personal Health Information (PHI) to provide you with treatment. After you have read this Notice of Privacy Practices (NPP), I will ask you to sign a CONSENT form allowing me to use and share your information when essential and appropriate. If you do not consent and sign this form, I cannot treat you.

If you or I want to use or disclose (send, share, release) your PHI beyond what is specified in the CONSENT form, I will discuss this with you and ask you to sign an AUTHORIZATION form to allow this.

In rare circumstances, federal or state laws require me to use or share personal health information. The following list provides illustrations:

1. When there is serious threat to your health and safety or the health and safety of another individual or the public. I will only share information with a person or organization with resources to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires by court order to do so.
4. For Workers compensation and similar benefits programs.

There are some other situations like these but which do not happen very often. They are described in the longer version of the NPP.

### **Your rights regarding your health information:**

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask me to call you at home, and not at work to schedule or cancel an appointment. I will try my best to do as you ask.
2. You have a right to ask me to limit what I tell certain individuals involved in your care or the payment of your care, such as family members, friends, insurance companies. While I do not have to agree to your request, if I do agree, I will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at your Personal Health Information (PHI). If you would like a copy, arrange a time with me to review the record together and then, if you wish, I will make a copy for you for a small fee. In general the PHI does not include my personal Psychotherapy notes.
4. If you believe the information in your records is incorrect or incomplete, you can ask me to make some kinds of changes (amendments) to your health information. You have to make the request in writing to me. You must list the reasons you want to make the changes.
5. You have the right to a copy of this notice. If I change this NPP, I will post it in my office and you can always get a copy of the NPP from me.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the Dept. of Health and Human Services. All complaints must be in writing. Filing a complaint does not, in itself, change the care I provide.

If you have any questions regarding this notice, please contact me at 503 + 741-9424. The effective date of this notice is October 20, 2014.