

Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information
Effective Date January 1, 2007

This notice describes how your psychological and medical information may be used and disclosed and how to access this information.

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

Your therapist may use or disclose your Protected Health Information (PHI) for treatment, payment, or health care operations purposes with your consent. In accordance with state law and ethical standards for the practice of psychology, your therapist's practice may, in certain cases, follow more restrictive practices concerning your privacy than the HIPAA regulations outline. To help clarify terms relevant to HIPAA regulations, here are some definitions:

"PHI" (Protected Health Information) refers to individually identifiable health information and includes any identifiable health information received or created by your therapist's office or him or her. Health information is information in any form that relates to any past, present, or future health of an individual.

"Treatment, Payment and Health Care Operations"

"Treatment" is when your therapist provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as a family physician or another psychologist.

"Payment" is when your therapist obtains reimbursement for your healthcare. Examples of payment are when your therapist discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. HIPAA regulations permit PHI to be used by health insurers for the purposes they define as relevant to their payment and healthcare operations. Please review the Privacy Practices Notices for your health insurers.

"Health Care Operations" are activities that relate to the performance and operation of your therapist's 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 your therapist's practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

"Disclosure" applies to activities outside of your therapist's practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Specific Written Authorization

Your therapist may use or disclose PHI for purposes *outside* of treatment, payment, and health care operations when your appropriate *written authorization* is obtained. An *"authorization"* is written permission *above and beyond the general consent* that permits only *specific disclosures*. In those instances when your therapist is asked for information for purposes outside of treatment, payment and health care operations, he or she will obtain a written authorization from you before releasing this information. Your therapist will also need to obtain written authorization before releasing your psychotherapy notes. *"Psychotherapy notes"* are notes made about conversation during a private, group, joint, or family counseling session, which your therapist has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

Additionally, if your therapist has HIV or substance abuse information about you, your therapist cannot release that information without a special, signed, written authorization from you that complies with the law governing HIV or substance abuse records.

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) Your therapist has 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 Permitted with Neither Consent Nor Authorization

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

Child Abuse: If your therapist has reasonable cause to believe that a child with whom he or she has had contact has been abused, he or she may be required to report the abuse. Additionally, if your therapist has reasonable cause to believe that an adult with whom your therapist has had contact has abused a child, your therapist may be required to report the abuse. In any child abuse investigation, your therapist may be compelled to turn over PHI. Regardless of whether your therapist is required to disclose PHI or to release documents, he or she also has an ethical obligation to prevent harm to his or her patients and others. Your therapist will use professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.

Mentally Ill or Developmentally Disabled Adults: If your therapist has a reasonable cause to believe that a mentally ill or developmentally disabled adult, who receives services from a community program or facility has been abused, your therapist may be required to report the abuse. Additionally, if your therapist has a reasonable cause to believe that any person with whom he or she has come into contact has abused a mentally ill or developmentally disabled adult, your therapist may be required to report the abuse. In any investigation pertaining to the alleged abuse of a mentally ill or developmentally disabled adult, your therapist may be compelled to turn over PHI. Regardless of whether your therapist is required to disclose PHI or to release documents, he or she also has an ethical obligation to prevent harm to his or her patients and others. Your therapist will use his or her professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.

Other Abuse: Your therapist may have an ethical obligation to disclose your PHI to prevent harm to you or others.

Serious Threat to Health or Safety: Your therapist may disclose confidential information when he or she judges 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. Your therapist 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 State Board of Psychologist Examiners may subpoena relevant records from your therapist should he or she 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 condition is the element in the 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, this constitutes authorization for your therapist 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 involved in the worker's compensation claim.

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, your therapist is not required to agree to your request for restrictions. To request restrictions, you may advise your therapist in writing of specific limitations or restrictions you want to place on your therapist's use of your health information for treatment, payment, or healthcare operations.

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. To request alternative means or alternative locations for the communication of confidential communication of PHI, you may advise your therapist in writing of specific limitations of restrictions you want placed on your therapist's communications with you. Your request must specify how or where you wish for communication to occur.

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of your PHI in your therapist's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. You do not have the right to inspect and/or copy psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. You must submit a written request to your therapist in order to inspect or copy your health information. If you request a copy of the information, your therapist may charge a fee for the costs of copying, mailing, or other associated supplies. Your therapist will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. Your therapist may deny your access to PHI under certain circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. In some cases, a review is required by law. On your request, your therapist will discuss with you the details of the request and denial process.

Right to Amend – If you believe the PHI I have about you is incorrect or incomplete, you may request that your therapist amend the information for as long as the PHI is maintained in the record. To request an amendment, complete and submit a clear statement of the amendment you request to me. Your therapist may deny your request. On your request, details of the amendment process will be discussed.

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). Your request must be in writing and must state a time period, which may not be longer than seven years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, your therapist may charge you for the costs of providing the list.

Right to a Paper Copy – You have the right to obtain an additional paper copy of this notice from me upon request.

Psychologist's Duties:

Your therapist is required by law to maintain the privacy of PHI and to provide you with a notice of his or her legal duties and privacy practices with respect to PHI. Your therapist reserves the right to change the privacy policies and practices described in this notice. Unless your therapist notifies you of such changes, however, your therapist is required to abide by the terms currently in effect. If policies and procedures are revised, a summary of the current privacy notice with its effective date shown clearly at the top will be posted. You are entitled to a copy of the notice currently in effect.

V. Complaints

If you are concerned that your therapist has violated your privacy rights, or you disagree with a decision made about access to your records, you may make your complaint known by notifying your therapist by phone or in writing by mail at 516 SE Morrison St., Suite 310 Portland, OR 97214

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at the following address:
Office for Civil Rights U.S. Department of Health and Human Services 2201 Sixth Avenue--Suite 900 Seattle, Washington 98121-1831
Voice Phone (206) 615-2287. FAX (206) 615-2297. TDD (206) 615-2296. To submit a complaint by e-mail send to: OCRComplaint@hhs.gov.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on January 1, 2007.

In accordance with state laws and with ethical standards of the practice of psychology, your therapist will limit the uses or disclosures made about your PHI in certain additional ways above and beyond those required by HIPAA. These are outlined in the Informed Consent for Treatment form. If revisions are made to practices outlined in the Informed Consent for Treatment form, a revised notice will be posted summarizing the revisions and clearly stating the effective date of these revisions. You also have a right to a paper copy of the revisions upon request.