

Oregon HIPAA Notice Form

Notice of psychologist's practices and policies to protect the privacy of your personal health information

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

1. Uses and disclosures for treatment, payment, and health care operations.

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written consent. Psychologists who provide "call coverage" when I am unavailable will also follow the practices described in this Notice. To help clarify these terms, here are some definitions:

"PHI" refers to individually identifiable health information in your health record. PHI includes any identifiable health information received or created by me.

"Health Information" is information in any form which relates to past, present, or future health of an individual.

"Treatment, payment, and health care operations"

Treatment is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your physician or another psychologist.

Payment is when I obtain reimbursement for your health care. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care and to determine eligibility or coverage.

Health care operations are activities that relate to the performance or operation of my practice. Examples of health care operations are quality assessment and improvement activities, phone contacts for appointment scheduling, case management, and care coordination; and business planning or related matters such as audits and administrative services.

"Use" applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

"Disclosure" applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

"Consent" refers to your consent and agreement to my releasing your PHI, signified by your reading and signing my Consent to Treatment form, which you will be given separately from this notice.

2. Uses and disclosures requiring authorization

I may use or disclose confidential information (including but not limited to PHI) for purposes of treatment, payment, and health care operations when your written informed consent is obtained. I 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 I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain a separate authorization from you before releasing your Psychotherapy Notes, if I have kept them.

"Psychotherapy Notes" are notes I may have made about our conversations during a private, group, couples, joint, or family counseling session, which I have kept separate from the rest of your clinical record. These Notes are given a greater degree of protection than PHI. I will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

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 that:

- 1) I have already relied on that authorization,
- 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.

3. Uses and disclosures with neither consent nor authorization

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

Serious Threat to Health or Safety: I may disclose confidential information when I judge that the disclosure is necessary to protect against a clear and substantial risk of imminent and serious harm being inflicted by you on yourself, or on 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.

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

Mentally ill or developmentally disabled adults: If I have reasonable cause to believe that a mentally ill or developmentally disabled adult, re receives services from a community program or facility has been abused, I may be required to report the abuse. Additionally, if I have reasonable cause to believe that any person with whom I come into contact has abused a mentally ill or developmentally disabled adult, I may be required to report the abuse. Regardless of whether I am required to disclose PHI or to release documents, I also have an ethical obligation to prevent harm to my clients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.

Elder Abuse: If I have reasonable cause to believe an elder with whom I have had contact has been abused, I may be required to report the abuse. Additionally, if I have reasonable cause to believe that an adult with whom I have had contact has abused an elder, I may be required to report the abuse.

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

Health Oversight: The Oregon State Board of Psychologist Examiners may subpoena relevant records from me if I become 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 in your claim, and your information is subpoenaed, 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 me to release you 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.

When the Use and Disclosure Without Your Consent or Authorization is Allowed Under other Sections of Section 164.512 of the Privacy Rule and the State's Confidentiality Law: This includes certain narrowly defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated projects, or for specialized governmental functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

4. Client's Rights and Psychologist's Duties

Client'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 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 your bills to another address. Please ask me for the proper form.

Right to Inspect and Copy: You have the right to inspect and/or obtain copies of the PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny you access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. You do not have the right to examine or receive my Psychotherapy Notes, if I have made them, nor to information compiled in anticipation of or use in legal or administrative proceedings, nor information obtained from someone other than a health care provider under a promise of confidentiality when your access would be likely to reveal the source of the information. On your request, I will discuss with you the details of the request and denial process.

Right to Amend: You have the right to request, in writing, an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, 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 of PHI for which you have neither provided consent nor authorization (as described in section 3 of this Notice). On your request, I will discuss with you the details of the accounting process. Please ask me for the proper form.

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.

Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket: You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for any services.

Right to Be Notified if There is a Breach of Your Unsecured PHI: You have the right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

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, and to make the revised or changed notice effective for protected health information I already have about you, as well as any information I receive in the future. I will post a summary of the current Notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the Notice currently in effect.

If I revise my policies and procedures, I will provide you with a revised version of the Notice by posting a copy in my office waiting room and making you a copy upon request.

5. Complaints and Questions

If you are concerned that I have violated your privacy rights, have questions, or you disagree with a decision I have made about access to your records, please contact me first. However, if you are still not satisfied with our resolution, you may also send a complaint to the Office for Civil Rights, Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

6. Effective Date, Restrictions, and Changes to Privacy Policy

This notice took effect July 30, 2015.