

Notice of Privacy Practices for Gresham Counseling and Therapy LLC

Effective 1 January 2018

Gresham Counseling and Therapy LLC

Practice location: 406 NE 4th St #126, Gresham, OR 97030 • Mailing address: PO Box 865, Gresham, OR 97030
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This Notice of Privacy Practices describes how we (Gresham Counseling and Therapy LLC and our professionals and staff) may use and disclose medical and mental health information about you (the client) and how you can get access to and control this information. Please review this notice carefully. Your health record contains personal information about you and your health. This information about you may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI).

Our Adherence to Legal Requirements

We use and disclose PHI in compliance with the Health Insurance Portability and Accountability Act (HIPAA), regulations under HIPAA, the HIPAA Privacy and Security Rules, Oregon laws, and the administrative rules of the Oregon Board of Licensed Professional Counselors.

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow these duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website.
- We adhere to the more stringent privacy requirements for disclosures found in the Oregon Board of Licensed Professional Counselors and Therapists Code of Ethics, Oregon Administrative Rules, and Oregon Revised Statutes.
- **We are mandated reporters in the State of Oregon and are required to report suspected abuse, neglect and endangerment of a child (under 18 years old), and elderly person (65 years and older), and persons with mental disabilities (e.g. developmental disability, mental illness), even if you insist that we do not.**
- For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Obtaining More Information

For more information about privacy issues, please contact our Privacy Official, Kristen Beck, using the contact information above. For more information visit
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Our Uses and Disclosures

We can use your PHI to do the following:

- Treat you;
- Share necessary PHI with other professional who are treating you or consulting with us regarding your care;
- Run our practice;
- Share PHI with third-party businesses with which we have a written contract to protect your PHI to help us manage your treatment (e.g. Electronic Health Records and scheduling services);
- Contact you when necessary (e.g. appointment scheduling, check-ins);
- Share and use your PHI to bill you for services and receive payment from health plans, financial institutions, or other financial services (using minimal amount of PHI necessary to receive payment);
- Share and use information to conduct or participate in health research;
- Share information to comply with the law if state, federal, or local laws require it;
- Share information to respond to organ and tissue donation requests from organ procurement organizations;
- Share information to work with a medical examiner or funeral director if you die;
- Share information to address workers' compensation claims;
- Share information with a law enforcement official for law enforcement purposes;
- Share information with health oversight agencies for activities authorized by law;
- Share information for special government functions, such as military, national security, and presidential protective services;
- Share information in response to court or administrative orders or in response to a subpoena;
- Share information to preventing transmission of disease;
- Share information to help with product recalls;
- Share information to report adverse reactions to medications;
- **Share information to report suspected abuse, neglect, or endangerment of children, elderly persons (typically ages 65 years and older), persons with mental disabilities, and animals;**
- **Share information to prevent or reduce a serious threat to anyone's health or safety (e.g. homicide, suicide, assault);**
- Share information to report suspected domestic violence;
- Transfer all of your PHI to a designated Custodian of Records, if the professional providing your care is unable to continue providing such care due to incapacitation or death.

Your Rights

Get an electronic or paper copy of your record: You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your record: You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications: You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share: You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information: You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. Choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated: You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Your Choices

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

We may contact you for fundraising efforts, but you can tell us not to contact you again.

Verification

My signature verifies that I have received, read, understood, and agreed to this *Notice of Privacy Practices for Gresham Counseling and Therapy LLC Effective 1 January 2018*.

Client Signature

Client Printed Name

Date

If client is a minor, or under the care of a legal guardian, at least 1 legal guardian must sign below:

My signature verifies that I am the legal guardian of the identified client above and have received, read, understood, and agreed to this *Notice of Privacy Practices for Gresham Counseling and Therapy LLC Effective 1 January 2018*.

Guardian #1 Signature

Guardian #1 Printed Name

Date

Guardian #2 Signature

Guardian #2 Printed Name

Date