

NOTICE OF PRIVACY PRACTICES

Effective Date: October 10th 2025

NOTICE OF PSYCHOLOGIST'S POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR 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.*

MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I will also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

I. Understanding Protected Health Information (PHI)

"Protected Health Information" (PHI) refers to information in your health record that could be used to identify you. This includes information created or received by my office, whether it is written, electronic, or spoken. It includes information about your past, present, or future health or condition, the provision of health care to you, or the past, present, or future payment for the provision of health care to you.

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

I may use and disclose your PHI for treatment, payment, and health care operations without your written authorization. These are standard practices required to run a professional and ethical practice.

For Treatment: I may use and disclose your PHI to provide, coordinate, or manage your psychological care. For example, I may share information with a physician, psychiatrist, or other health care provider who is also involved in your or your child's care to ensure they have the necessary information to provide the best possible services. I may also consult with other professionals about your or your child's care, provided I take reasonable steps to ensure that all persons receiving the information are informed of the need to maintain confidentiality.

For Payment: I may use and disclose your PHI so that I can bill for the services you receive. For example, I may provide your health plan with information about your diagnosis, treatment, or testing to process a claim for payment.

For Health Care Operations: I may use and disclose your PHI for the general operations of my practice. This may include, for example, internal quality assessment, training new staff, or business management. When such a disclosure is made, I will make a reasonable effort to limit the disclosure to the minimum necessary to accomplish the intended purpose.

III. Uses and Disclosures Requiring Authorization

I will not use or disclose your PHI for purposes other than treatment, payment, or health care operations without your written authorization. You may revoke this authorization at any time, except to the extent that I have already taken action in reliance on it.

Psychotherapy Notes: These are notes I take during our sessions that are kept separate from the rest of your medical record. They are for my personal use to help me provide the best possible care. With very few exceptions, I will not use or disclose these notes without your specific written authorization. This authorization must be separate from any other authorization.

Marketing and Sale of PHI: I will not use or disclose your PHI for marketing purposes or sell your PHI without your specific written authorization.

IV. Uses and Disclosures with Neither Consent nor Authorization

In certain circumstances, Oregon and federal law may require or permit me to disclose PHI without your consent or authorization. I will limit the disclosure to only the information required by law and will, when possible, inform you before such disclosure.

Required by Law: I will disclose PHI when required to do so by federal, state, or local law.

Serious Threat to Health or Safety: I may disclose confidential information when I judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm by you to yourself or another person. I will limit the disclosure to only those persons and content consistent with professional standards.

Child Abuse, Elder Abuse, and Abuse of a Vulnerable Person: Under Oregon law, I am a mandatory reporter for child abuse and abuse of an elderly or vulnerable person. If I have reasonable cause to believe a child or vulnerable person is being abused or neglected, I am required to report this to the appropriate agency.

Court Orders and Subpoenas: If a court order is issued for your or your child's records, I may be required to disclose PHI. In response to a subpoena, I will first attempt to obtain your written authorization or a court order before disclosing any information.

Health Oversight Activities: I may disclose PHI to a health oversight agency for audits, investigations, inspections, and licensing purposes as required by law.

Judicial and Administrative Proceedings: I may disclose PHI in response to a court order or administrative order.

Worker's Compensation: I may disclose PHI as necessary to comply with workers' compensation laws or similar programs.

Public Health Risks: I may disclose your PHI for public health activities, such as reporting births, deaths, and suspected abuse or neglect.

Minors and Families: Oregon law permits the disclosure of a minor child's PHI to their parents or legal guardians, unless such disclosure is otherwise prohibited by law. In family and couples therapy, I may need to share information between family members to effectively provide services. I will discuss with you the limits of confidentiality at the beginning of therapy.

V. Your Rights Regarding Your PHI

You have the following rights regarding your health information:

Right to Request Restrictions: You have the right to request a restriction on certain uses and disclosures of your PHI. I am not required to agree to all restrictions, but if I do, I will be bound by that agreement. You also have the right to restrict disclosures of your PHI to your health plan if you pay for the services out-of-pocket in full.

Right to Confidential Communications: You have the right to request that I communicate with you about your health and related issues in a particular way or at a certain location. For example, you can ask me to call you at home, rather than at work. I will accommodate all reasonable requests.

Right to Inspect and Copy: You have the right to inspect and obtain a copy of your PHI contained in my clinical and billing records. I may charge a reasonable, cost-based fee for a copy of your records. I may deny your request to inspect and copy your records in certain limited circumstances. If I deny your request, I will provide you with a written explanation and information about how to appeal the decision.

Right to Amend: If you believe the information in your record is incorrect or incomplete, you have the right to request that I amend your PHI. I may deny your request, but if I do, I will provide you with a written explanation.

Right to an Accounting of Disclosures: You have the right to receive an accounting of disclosures of your PHI. This list will not include disclosures for treatment, payment, or health care operations.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice, even if you have agreed to receive an electronic copy.

VI. Psychologist's Duties

I am required by law to protect the privacy of your PHI. I must provide you with this notice and abide by its terms. I reserve the right to change the terms of this notice and my privacy policies at any time. Any changes will be effective for all PHI that I maintain. If I change the notice, I will provide you with a copy.

VII. Complaints

If you have questions about this notice or believe that your privacy rights have been violated, you may contact me at 503-383-1161. You also have the right to file a complaint with me, the Oregon Board of Psychology at www.oregon.gov/obpe, or with the Secretary of the U.S. Department of Health and Human Services. I will not retaliate against you for filing a complaint.

I have read and understood this Notice of Privacy Practices:

Signature of Parent/Legal Guardian

Date

Signature of Client (if 14 or Older)

Date