

Please take this document with you and retain for your own use.

*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.*

## Notice of Privacy Practices

Privacy is a very important concern for all those who come to this office. If you have any questions our Privacy Officer Beth Doyle, will be happy to help you. You may contact her at the office number and address given above. This notice takes effect January 31, 2003 and remains in effect until we replace it.

### A. Our Pledge Regarding Medical Information to Our Clients

The privacy of your medical and psychotherapy information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

### B. Your Personal Medical Information

Each time you visit us or any doctor's office, hospital, clinic, or any other "healthcare provider" information is collected about you and your physical and mental health. It may be information about your past, present or future health conditions, or the treatment or other services you got from me or from others, or about payment for healthcare. In this office PHI is likely to include these kinds of information:

- Your history, childhood, in school and at work, and marital and personal history.
- Reasons you came for treatment. Your problems, complaints, symptoms, needs, goals.
- Diagnoses. Diagnoses are the medical terms for your problems and symptoms.
- A treatment plan. These are the treatments and other services which I think will best help you.
- Progress notes and Progress Reports; Information about medications you took or are taking.
- Records received from others who treated or evaluated you.
- Psychological test scores, school records, etc.
- Polygraphs, Abel Assessments or other evaluations.
- Billing and insurance information.

This list is to give you an idea of the types of information that goes into your healthcare record here.

We use this information for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.

- When we talk with other healthcare professionals who are also treating you such as your family doctor or another therapist. Also, when we talk with your P.O. or Child Welfare caseworker.
- To show that you actually received the services from me which were billed to you or to your health insurance company.
- To improve the way I do my job by measuring the results of my work.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can inspect, read, or review it. If you want a copy we can make one for you but will charge you for the costs of copying and mailing. In some very unusual situations you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or something important is missing you can ask us to amend or add information to your record although in some rare situations we don't have to agree to do that.

### C. Our Legal Duty

Law Requires Us To:

1. Keep your medical info private
2. Give you this notice describing our legal duties, privacy practices and your rights regarding your medical information.
3. Follow the terms of the current Notice

We Have the Right to:

1. Change our privacy practice and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

### D. Use and Disclosure of Your Medical Information

#### 1. Uses and Disclosures of PHI in Healthcare with Your Consent

The following section describes different ways that we use and disclose medical information. Not every use or disclosure is listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us at the address on the first page.

After you have read this Notice you will be asked to sign a separate Consent form to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called health care operations.

## Treatment, Payment, and Health Care Operations

We need information about you, your situation and your condition to provide care to you. You have to agree to let us collect the information and to use it and share it as necessary to care for you properly. Therefore you must sign the Consent form before I begin to treat you because if you do not agree then consent to treatment, then I cannot treat you.

When you come to see me, other people in the office may collect information about you for your healthcare records here. We use your PHI for three purposes: treatment, obtaining your payment, and what are called healthcare operations.

### For Treatment

We use your medical information to provide you with psychological treatment or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the effects of my services.

We may share or your PHI to others who provide treatment to you. We are likely to share your information with your personal physician. We may refer you to other professionals or consultants for services we cannot offer such as special testing or treatments. When we do this we need to tell them some things about you and your conditions.

We will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.

### For Payment

Your information is used to bill you, your insurance, or others to be paid for the treatment we provide to you. We may contact your insurance company to check on exactly what your insurance covers. Information includes your diagnoses, what treatments you have received, and your prognosis.

### For Health Care Operations

There are some ways we may use or disclose your PHI which are called health care operations.

Appointment reminders. Calls to remind you about appointments. If you want us to call or write to you only at your home or work or prefer some other way to reach you, we can arrange that - just tell us.

Treatment Alternatives. We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of use to you.

Other Benefits and Services. We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Research. We may use or share your information to do research or improve treatments. In all cases your name, address and other information that reveals who you are will be removed from the information given to researchers.

Business Associates. There are some jobs we hire other businesses to do for us. This include

collection agencies. If we release information to a collection agency or small claims court, only the minimum will be sent: Name, dates of service, amounts owed, and last address. These businesses need to receive some of your PHI to do their jobs properly.

## 2. Uses and Disclosures Requiring Your Authorization

If we want to use your information for any purpose besides the TPO or those we described above we need your permission on an Authorization form. We don't expect to need this very often. If you do authorize us to use or disclose your PHI, you can revoke that permission, in writing at any time. We cannot take back any information we already disclosed with your permission or that is used here.

## 3. Uses and Disclosures of PHI from Mental Health Records Not Requiring Consent or Authorization

The laws let us use and disclose some of your PHI without your consent or authorization in some cases.

When Required by Law:

1. Suspected child abuse.
2. If you are involved in lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process we may have to release some of your PHI.
3. We have to release some information to the government agencies which check on us to see that we are obeying the privacy laws.

### For Law Enforcement Purposes

We may release medical information to law enforcement official to investigate a crime or criminal.

### For Public Health Activities

We might disclose some of your PHI to agencies which investigate diseases or injuries.

### For Specific Government Functions

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to Worker's Compensation programs, to correctional facilities if you are an inmate, and for national security reasons.

### To Prevent a Serious Threat to Health or Safety

If we come to believe that there is a serious risk to your health or safety or that of another person or the public we can disclose some of your PHI. We will only do this to persons who can prevent the danger.

#### 4. Uses and Disclosures Requiring You to Have an Opportunity to Object

We can share information about you with your family or others who are close to you. We will only share information with those involved in your care and anyone else you choose such as close friends or clergy. We will ask you about who you want us to tell both general and specific information about your situation, conditions or treatment. We will honor your wishes as long as it is not against the law.

If it is an emergency -- we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information in an emergency, we will tell you as soon as we can.

#### 5. An Accounting of Disclosures

When we disclose your PHI we keep records of whom we sent it to, when we sent it, and what we sent. You can get an accounting or a list of these disclosures. We have a log book this is kept in, which is in a locked area for safe-keeping.

#### E. If You Have Questions or Problems

If you need more information or have questions about the privacy practices described above please ask. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with us and with the Secretary of the Federal Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions if you complain.

#### Your Rights:

1. Copies of your medical information. There will be a charge for doing this.
2. A list of our business associates with whom we share medical information.
3. Request additional restrictions on your records.
4. Request changes to your medical records.
5. Request an address or phone number contact different from the ones we currently use.

If you have any questions regarding this notice or our privacy policies, contact Beth Doyle at 503-391-1300 or by e-mail at [beth@uppercircle.com](mailto:beth@uppercircle.com)