**HIPAA NOTICE OF PRIVACY PRACTICES (NPP)**

**Effective Date:** 8/3/2025

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

**My Legal Duty**

As a licensed mental health professional, I am required by federal law (Health Insurance Portability and Accountability Act – HIPAA) and applicable state law to maintain the privacy of your protected health information (PHI). I am also required to provide you with this Notice of Privacy Practices, which explains my legal duties and privacy practices regarding your PHI.

**Your Rights**

You have the following rights regarding your protected health information:

* **Right to Inspect and Copy:** You may request access to your medical and billing records.
* **Right to Amend:** You may request corrections to your records if you believe there is an error.
* **Right to an Accounting of Disclosures:** You may request a list of certain disclosures of your PHI.
* **Right to Request Restrictions:** You may request limitations on how your information is used or disclosed.
* **Right to Request Confidential Communications:** You may request communication through specific methods or at specific locations.
* **Right to a Paper Copy:** You have the right to receive a paper copy of this notice, even if you agreed to receive it electronically.

**How I May Use and Disclose Your PHI**

The following categories describe ways I may use and disclose your information without your authorization:

* **Treatment:** To provide, coordinate, or manage your care.
* **Payment:** To bill and collect payment for services.
* **Healthcare Operations:** For administrative, quality assurance, and training purposes.

Other uses and disclosures may include:

* **As Required by Law**
* **To Avert a Serious Threat to Health or Safety**
* **For Public Health Activities**
* **Health Oversight Activities**
* **Judicial and Administrative Proceedings**
* **Law Enforcement Purposes**
* **Workers’ Compensation**

**Disclosures Requiring Your Authorization**

In all other situations, I will ask for your written authorization before using or disclosing any of your PHI. If you authorize disclosure, you may revoke it at any time in writing.

**Confidentiality of Psychotherapy Notes**

Psychotherapy notes receive special protections under HIPAA. They will not be shared without your explicit authorization, except where required by law.

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with:

* **My practice**: Shyn Childress   
  350 Mission St Suite 102, Salem, OR, 97302   
  503-508-9819
* **The U.S. Department of Health and Human Services**  
  Office for Civil Rights  
  <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

You will not be penalized for filing a complaint.

**Contact Information**

If you have questions or want more information about this notice or your rights, please contact me at:

**Shyn Childress, LPC**  
**Phone:** 503-508-9819  
**Email:** [mindfulrootstherapy@gmail.com](mailto:mindfulrootstherapy@gmail.com)