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HIPAA Notice of Privacy Practices: Update 2013

HIPAA is the Health Insurance Portability and Accountability Act of 1996. 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. This notice describes how clinical information about you may be used and disclosed and how you may obtain access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Copies of your health records
- Correct errors in your health records
- Request confidential communication
- Ask to limit the information shared
- Get a list of those who have received your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Uses and Disclosures

Your information may be shared and used to:

- Provide treatment
- Bill for your services
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights for Clinical Records

Get an electronic or paper copy of your clinical record: You can ask to obtain an electronic or paper copy of your records. Encryption is preferred for electronic transmission. Your request of a copy or a summary of your health information will be issued, usually within 30 days of your request.

Requests to correct errors on your clinical record: You may ask to correct health information about you that you think is incorrect or incomplete. Your request for changes may or may not be granted. You will be informed in writing within 60 days for the reason changes were made, or were not made.

Request confidential communications: You may ask to be contacted in a specific way (for example, home or office phone) or to send mail to a different address to protect your privacy.

Requests to limit information used or shared: You may ask to not share your health information. Your request may not be granted if it would affect your care, insurance billing, or any law that requires release of that information.

Request a list of parties receiving shared information: You may ask for a list (accounting) of the times your health information has been shared. This accounting can be for six years prior to the date you ask, who it was shared with, and why. For most disclosures, you will be asked to sign a release of information, or you will be informed of any disclosures related to mandatory reporting. Therefore, any information shared should not be unknown to you. Accounting for a year is provided for free, but a reasonable and cost-based fee may be imposed if you ask for another one within 12 months.

Request a copy of this privacy notice: You may ask for a copy of this notice at any time, and will receive it in a prompt manner.

Choose someone to act for you: If you have given someone power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. It will be ensured that this designated person has this authority before taking any action on your behalf. **File a complaint if you feel your rights are violated:** You can address a complaint if you feel your rights have been violated by contacting this provider at the address listed 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 by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. There will be no retaliation for filing any complaint.

Your Choices

For certain health information, you may decide what information is shared. If you have a clear preference for how your information would be shared in the situations described below, please share how you would like each to be addressed and your instructions will be followed. In these cases, you have both the right and choice to inform how you would like each situation addressed:

- Share information with your family, close friends, or others involved in your care
- Share information in a crisis, traumatic, or life-threatening situation

If you are not able to report your preference, for example if you are unconscious, some information may be shared if it is believed to be in your best interest. Your information may also be shared when needed to lessen a serious and imminent threat to health or safety.

Uses and Disclosures

How your health information is shared

Treatment: Your health information can be shared with other professionals who are treating you, generally with your written consent.

Practice Management: Your health information may be used to manage and improve your care, and to contact you when necessary.

Bill for Services: Your health information will be used and shared to bill and obtain payment from health plans or other entities.

Other methods to use or share your health information: Reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.

Comply with the law: Information may be shared if state or federal laws require it, including with the Department of Health and Human Services if it wants to confirm compliance with federal privacy law. Information regarding abuse and/or neglect of a child falls under the State of Oregon's Mandatory Reporting laws for Counselors and Therapists. Any disclosure of child abuse and neglect, or suspicion thereof, would require disclosure of information with Oregon DHS Child Welfare.

Address workers' compensation, law enforcement, and other government requests: Health information may be shared about you for workers' compensation claims, law enforcement purposes, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions: Your health information may be shared in response to a court or administrative order, or in response to a subpoena.

Responsibilities: Maintaining the privacy and security of your protected health information is required by law. If a breach occurs that may have compromised the privacy or security of your information, you will be promptly notified. The duties and privacy practices described in this notice must be followed, and you will receive a copy of it. Your information will not be used or shared in ways other than as described here unless you request changes in writing. You may also change or revoke your request(s) at any time, with a written authorization. For more information:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

The terms of this notice may change, and the changes will apply to your health information on file. The new notice will be available upon request, and online at www.jacquelynekern.com under HIPAA Notice of Privacy Practices. I have read and fully understand my privacy rights under HIPAA Notice of Privacy Practices:

Client signature

Date