

Privacy Notice Regarding Protected Health Information

Understanding Your Rights and Our Obligations

Introduction

Protecting your privacy is of utmost importance to us. This Privacy Notice describes how we may use and disclose your protected health information (PHI), as well as your rights regarding your PHI. PHI is information about you, including demographic data, that may identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or the payment for that care.

This notice is provided in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable laws governing the privacy and security of health information.

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this notice of our legal duties and privacy practices with respect to your PHI.
- Follow the terms of this notice currently in effect.
- Notify you in the event of a breach of your unsecured PHI that may compromise your privacy or security.

How We May Use and Disclose Your PHI

We may use and share your PHI for the following purposes, without your written authorization:

1. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. For example, we may share information with other health care providers involved in your care.

2. Payment

Your PHI may be used to obtain payment for your health care services. This may include providing information to your health insurance plan to facilitate coverage and payment.

3. Health Care Operations

We may use and disclose your PHI in order to support our business activities, including quality assessment, training, accreditation, auditing, and compliance.

4. Required By Law

We will disclose your PHI when required to do so by federal, state, or local law.

5. Public Health and Safety

We may disclose your PHI for public health activities, such as reporting communicable diseases, and to prevent or lessen a serious threat to the health or safety of you or others.

6. Research

Under certain circumstances, we may use or share your PHI for research purposes, provided appropriate safeguards are in place to protect your privacy.

7. Legal Proceedings and Law Enforcement

We may disclose your PHI in response to legal proceedings such as court orders or subpoenas, or to law enforcement officials as required by law.

8. Organ and Tissue Donation

We may use or disclose your PHI to organizations involved in organ or tissue donation and transplantation.

9. Military and National Security

If you are a member of the armed forces, we may disclose your PHI as required by military command authorities. We may also share information for national security or intelligence activities, as permitted by law.

10. Workers' Compensation

We may release your PHI to comply with laws relating to workers' compensation or similar programs.

Uses and Disclosures Requiring Your Written Authorization

In other situations not covered above, we will ask for your written permission before using or disclosing your PHI. For example:

- Most uses and disclosures of psychotherapy notes.
- Uses and disclosures of PHI for marketing purposes.
- Sale of your PHI to third parties.

If you provide us with written authorization, you may revoke that authorization in writing at any time. Revocation will not affect any use or disclosure made prior to the revocation.

Your Rights Regarding Your PHI

You have the following rights regarding your protected health information:

1. Right to Access

You have the right to view or obtain a copy of your PHI in designated records maintained by us. This right is subject to certain exceptions and may include associated fees for copies.

2. Right to Amend

If you believe that your PHI is incorrect or incomplete, you may request an amendment. We may deny your request under certain circumstances, but you have the right to submit a statement of disagreement.

3. Right to an Accounting of Disclosures

You may request a list of certain disclosures we have made of your PHI, except for those made for treatment, payment, and health care operations, or where you have authorized the disclosure.

4. Right to Request Restrictions

You may request that we restrict the use or disclosure of your PHI for treatment, payment, or health care operations. While we are not required to agree to these restrictions, if we do agree, we will comply unless the information is needed to provide emergency treatment.

5. Right to Request Confidential Communications

You may request that we communicate with you about your health information in a specific way (for example, at a particular phone number or address). We will accommodate reasonable requests.

6. Right to a Paper Copy of This Notice

You are entitled to receive a paper copy of this notice at any time, even if you have agreed to receive it electronically.

Safeguarding Your PHI

We take the security of your PHI seriously and use appropriate administrative, physical, and technical safeguards to protect your information from unauthorized access, use, or disclosure. Access to your PHI is limited to those individuals who have a legitimate business need.

Changes to This Privacy Notice

We reserve the right to change this Privacy Notice at any time. Any changes will apply to all PHI that we maintain, including PHI we created or received before the changes. The revised notice will be made available upon request and posted in prominent locations and on our website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Contact Information

If you have questions about this notice or want more information about our privacy practices, please contact:

- Privacy Officer: [steven roach]
- Address: [4469 Redwood ave, Grants Pass OR. 97527]
- Phone: [5414505081]
- Email: [Email Address]

Conclusion

We value your trust and are committed to maintaining the privacy and security of your protected health information. Please review this notice carefully and contact us with any questions or concerns. Your privacy is not only a legal requirement but a cornerstone of our relationship with you.