

HIPAA Notice of Privacy Practices

Effective date: 09/01/2016

Dan Anderson, M.A.
Counseling Services

Notice of Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how health information about you (as patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information. Please review this notice carefully.

A. My commitment to your privacy:

I am dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting business, I will create records regarding you and the treatment and services I provide to you. I am required by law to maintain the confidentiality of health information that identifies you. I am also required by law to provide you with this notice of my legal duties and the privacy practices that I maintain concerning your PHI. By federal and state law, I must follow the terms of the Notice of Privacy Practices that I have in effect at the time. I realize that these laws are complicated, but I must provide you with the following important information:

- How I may use and disclose your PHI,
- Your privacy rights in your PHI,
- My obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by me. I reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that I have created or maintained in the past, and for any of your records that I may create or maintain in the future. I will post a copy of my current Notice in my office in a visible location at all times, and you may request a copy of my current Notice at any time.

B. If you have questions about this Notice, please contact:

Dan Anderson, 384 SW Upper Terrace Drive, Bend, Oregon 97702. 541-390-3133.

C. I may use and disclose your PHI in the following ways:

The following categories describe the different ways in which I may use and disclose your PHI.

1. Treatment. I may use your PHI to treat you. Additionally, I may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, I may also disclose your PHI to other health care providers for purposes related to your treatment.

2. Payment. I may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from me. I may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, I may use your PHI to bill you directly for services and items.

3. Health care operations. I may use and disclose your PHI to operate our business. As examples of the ways in which I may use and disclose your information for my operations, I may use your PHI to evaluate the quality of care you received from me, or to conduct cost-management or business planning activities.

4. Disclosures required by law. I may use and disclose your PHI when we are required to do so by federal, state or local law.

D. Use and disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which I may use or disclose your identifiable health information:

1. Public health risks. I may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths,
- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- Reporting reactions to drugs or problems with products or devices,
- Notifying individuals if a product or device they may be using has been recalled,
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information,
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health oversight activities. I may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and similar proceedings. I may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. I also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if I have made an effort to

inform you of the request or to obtain an order protecting the information the party has requested.

4. Law enforcement. I may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if I am unable to obtain the person's agreement,
- Concerning a death I believe has resulted from criminal conduct,
- Regarding criminal conduct at my office,
- In response to a warrant, summons, court order, subpoena or similar legal process,
- To identify/locate a suspect, material witness, fugitive or missing person,
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

5. Deceased patients. I may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death.

6. Serious threats to health or safety. I may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, I will only make disclosures to a person or organization able to help prevent the threat.

7. Military. I may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

8. National security. I may disclose your PHI to federal officials for intelligence and national security activities authorized by law. I may also disclose your PHI to federal and national security activities authorized by law. I also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

9. Inmates. I may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

10. Workers' compensation. I may release your PHI for workers' compensation and similar programs.

E. Your rights regarding your PHI:

You have the following rights regarding the PHI that we maintain about you:

1. Confidential communications. You have the right to request that I communicate with you about your health and related issues in a particular manner or at a certain location.

2. Requesting restrictions. You have the right to request a restriction in my use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that I restrict my disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **I am not required to agree to your request;** however, if I do agree, I am bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in my use or disclosure of your PHI, you must make your request in writing to **Dan Anderson, 541-390-3133**. Your request must describe in a clear and concise fashion:

- The information you wish restricted,

- Whether you are requesting to limit my use, disclosure or both,
- To whom you want the limits to apply.

3. Inspection and copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **Dan Anderson, 541-390-3133** in order to inspect and/or obtain a copy of your PHI. I may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. I may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of my denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask me to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by me. To request an amendment, your request must be made in writing and submitted to **Dan Anderson, 541-390-3133**. You must provide me with a reason that supports your request for amendment. I will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, I may deny your request if you ask me to amend information that is in my opinion: (a) accurate and complete; (b) not part of the PHI kept by me; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by me, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of disclosures. All of my patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures I have made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care is not required to be documented. In order to obtain an accounting of disclosures, you must submit your request in writing to **Dan Anderson, 541-390-3133**. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but I may charge you for additional lists within the same 12-month period. I will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a paper copy of this notice. You are entitled to receive a paper copy of my notice of privacy practices. You may ask me to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **Dan Anderson, 541-390-3133**.

7. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with me or with the Secretary of the Department of Health and Human Services. To file a complaint with me, contact **Dan Anderson, 541-390-3133**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to provide an authorization for other uses and disclosures. I will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to me regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, I will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* I am required to retain records of your care.