

Notice of Privacy Practices - CA/OR

NOTICE OF PRIVACY PRACTICES

INTEGRATIVE NW / INTEGRATIVE SW

HOW DO YOU PROTECT MY PROTECTED HEALTH INFORMATION (PHI)?

Laws regulate the privacy, including security, of your protected health information. The American Psychological Association also provides guidelines for the privacy of your PHI. As allowed by law, Integrative NW / Integrative SW reserves the right to change our privacy practices to comply with changes in the law. Any changes would apply to your PHI on file.

WHAT DO THE TERMS PHI, USE AND/OR DISCLOSE, CONSENT, AND AUTHORIZATION MEAN?

- PHI – information in any form or medium that Integrative NW / Integrative SW creates, maintains, or receives and that relates to (1) your past, present, or future physical or mental health condition; healthcare provided to you; or the past, present, or future payment for your healthcare, and (2) that identifies or could reasonably be used to identify you, and (3) that is transmitted or maintained in any form or medium.
- Use and/or disclose – “use” refers to activities within our practice such as sharing your PHI with any office staff for scheduling purposes, whereas “disclose” refers to activities outside our practice such as sharing PHI with another healthcare provider also caring for you.
- Consent - obtaining your written permission (when possible) to use and/or disclose your PHI.
- Authorization – obtaining your written permission (when possible) to use and/or disclose your PHI in a manner beyond what consent allows.

WHAT SECURITY MEASURES DO YOU USE TO PROTECT PHI?

We use reasonable administrative, physical, and technical safeguards to prevent, detect, report, contain, and correct a security breach/violation of PHI. For example, this includes limiting access of PHI to any office staff, locking confidential files, and password-protecting digital information.

UNDER WHAT CIRCUMSTANCES IS MY CONSENT NECESSARY FOR YOU TO USE AND/OR DISCLOSE MY PHI?

Your consent is necessary for us to use and/or disclose your PHI for the purposes of treatment, payment, and healthcare operations, as defined below –

- Treatment – the provision, coordination, or management of healthcare and related services by one or more healthcare providers including consultation between healthcare providers involved in a client’s treatment, including the referral of a client from one healthcare provider to another. Please note that the recipient of PHI from us might combine it with PHI they already have.

Consultation may also include case consultation with other mental health professionals who are not involved in your treatment.

- Payment – activities to obtain reimbursement for healthcare services. These activities include determinations of eligibility or coverage, reviewing healthcare to determine medical necessity, insurance claims management, billing, collection of unpaid invoices, and utilization review.
- Healthcare operations – a range of activities pertaining to the operation of business including the scheduling appointments and filing of paperwork by any office staff, conducting statistical analyses for business planning purposes, underwriting activities, legal services, reviewing the competence, qualifications, or performance of any other healthcare providers at our practice, and training of any other healthcare providers at our practice.

UNDER WHAT CIRCUMSTANCES IS MY AUTHORIZATION NECESSARY FOR YOU TO USE AND/OR DISCLOSE MY PHI?

Your authorization is necessary for us to use and/or disclose your PHI for purposes beyond what consent allows. You must give authorization if you wish for us to inform a family member, for example, about your case.

UNDER WHAT CIRCUMSTANCES COULD YOU USE AND/OR DISCLOSE MY PHI WITHOUT MY CONSENT OR AUTHORIZATION?

IN OREGON - Your consent or authorization is not necessary for us to use and/or disclose your PHI under the following circumstance(s) –

1. In the event that you disclose a serious and imminent threat to the health or safety (e.g., damage of property, sexual abuse) of yourself, other person(s), or the public, and we decide to obtain appropriate services aimed at preventing or lessening harm. Any disclosures may only be made to a person(s) reasonably able to prevent or lessen the threat – including the target of the threat.
2. In the event that you disclose that you have abused, as defined by law (e.g., neglect of a child, financial abuse of an elderly adult), a child (under the age of 18 years), a mentally ill or developmentally disabled individual, an elderly individual (age 65 years or older), or an animal, and we decide to obtain appropriate services aimed at preventing or lessening harm. State law might consider certain forms of consensual sexual activity between adults and minors and between minors and minors abuse.
3. In the event that you disclose that you, if you are a child (under the age of 18 years), a mentally ill or developmentally disabled individual, or an elderly individual (age 65 years or older), have suffered abuse, as defined by law (e.g., neglect of a child, financial abuse of an elderly adult), and we decide to obtain appropriate services aimed at preventing or lessening harm. State law might consider certain forms of consensual sexual activity between adults and minors and between minors and minors abuse.

4. Instances involving treatment emergencies whereby information must be shared with other individuals, such as other healthcare providers, to protect you from immediate physical harm and to obtain the most appropriate treatment.

5. In the event that PHI is necessary for health oversight activities as authorized by law such as sharing information with the United States Department of Health and Human Services in the course of an audit or with the Oregon Board of Psychology in the process of an investigation.

6. In the event that PHI is requested by court order for a judicial or administrative proceeding, or as otherwise required or permitted by law.

IN CALIFORNIA - Your consent or authorization is not necessary for us to use and/or disclose your PHI under the following circumstance(s) –

1. Instances of actual or suspected physical abuse including willful infliction of physical injury or assault, willful cruelty or unjustifiable punishment, unlawful corporal punishment or injury, sexual abuse and exploitation, emotional cruelty, or neglect of a minor (under 18 years of age), as follows:

a. If you report that you were abused or neglected as a minor and if other minors are currently at risk of being abused or neglected by the suspected perpetrator(s).

b. If you report that you have in the past or are currently abusing or neglecting a minor(s).

c. If you report that you suspect or are aware of a minor having been or being currently abused or neglected by a suspected perpetrator(s).

d. If you report that you suspect or are aware of a minor having been or being currently exposed to an incident of domestic violence.

2. Instances of actual or suspected physical abuse including willful infliction of physical pain or injury, sexual abuse and exploitation, emotional cruelty, financial exploitation, involuntary seclusion, abandonment, or neglect of a dependent adult (individual between the ages of 18 to 64 who had physical or mental limitations that restrict their ability to carry out normal activities or protect their rights).

3. Instances of actual or suspected physical abuse including willful infliction of physical pain or injury, sexual abuse and exploitation, emotional cruelty, financial exploitation, involuntary seclusion, abandonment, or neglect of an elder adult (64 years of age or older).

4. If you reveal information about certain forms of sexual activity. State law might consider certain forms of consensual sexual activity between adults and minors and between minors and minors as abuse.

5. If you reveal a serious intent to harm yourself or are gravely disabled (i.e., a condition whereby an individual, as a result of a mental disorder or impairment due to substance abuse, is unable to provide for their basic personal needs for food, clothing, shelter, or other self-care).

6. If you reveal a serious threat of physical violence against a reasonably identified victim(s) or if a member of your family reports that you have revealed a serious threat of physical violence against a reasonably identified victim(s).

7. Instances involving treatment emergencies whereby information must be shared with other individuals, such as other healthcare providers, to protect you from immediate physical harm and to obtain the most appropriate treatment.

8. In the event that PHI is necessary for health oversight activities as authorized by law such as sharing information with the United States Department of Health and Human Services in the course of an audit or with the California Board of Psychology in the process of an investigation.

9. In the event that PHI is requested by court order for a judicial or administrative proceeding, or as otherwise required or permitted by law.

HOW MUCH INFORMATION ABOUT ME MAY YOU USE AND/OR DISCLOSE?

We would use and/or disclose the least PHI necessary to accomplish any of the aforementioned activities.

COULD I REVOKE MY CONSENT OR AUTHORIZATION?

You may revoke any consent or authorization at any time by providing us with a written request. We would comply with your revocation unless limited by the law and/or to the extent that we might already have used or shared some of your PHI as was permitted before the revocation.

WHAT HAPPENS IF I DO NOT GIVE CONSENT OR AUTHORIZATION?

Should you not provide consent, we uphold the legal right to deny healthcare services to you.

Refusal to sign an authorization in and of itself would not adversely affect your ability to receive services unless it precludes your therapist's ability to continue providing appropriate services to you. When services are solely for providing health information to someone else and the authorization is necessary to make that disclosure, however, refusal to sign an authorization results in denial of services.

WHAT ARE MY LEGAL RIGHTS REGARDING MY PHI?

1. Right to request restrictions – You have the right to request restrictions on certain uses and/or disclosures of your PHI, but while we must agree to reasonable requests, we are not required to comply with all requests.
2. Right to receive confidential communications by alternative means and at alternative locations – You have the right to request and receive confidential communications of your PHI by alternative means and at alternative locations. We would accommodate such requests if we determine that they are reasonable.
3. Right to inspect and copy – You have the right to inspect and/or obtain a copy of your PHI for as long as the record is kept on file unless we determine that access is reasonably likely to endanger your physical safety or life or physical safety or life of another person. You have the right to obtain PHI maintained in an electronic format electronically. You also have the right to designate that a third party be the recipient of your PHI. You would be given such access within a timeframe as set forth by law.

Please note that as clients might be unfamiliar with psychological practice, they might experience their PHI as confusing, frustrating, and/or upsetting. Thus, should you wish to inspect and/or obtain a copy of your PHI, we recommend that your therapist or another therapist of your choosing reviews your PHI with you. Under certain circumstances, however, we may deny your access to your PHI, or to a portion of your PHI. In certain cases, you may have this decision reviewed.

1. Right to amend – You have the right to request an amendment of your PHI if you believe it to be erroneous and/or incomplete for as long as the information is kept on file. We may not delete, however, any information that already exists in your client record. Thus, any changes resulting from an amendment do not expunge any prior information or part of your PHI; it is only added to it. We have the right to deny amendments if the information is accurate and complete or if we are not the originators of the information.
2. Right to an accounting – You have the right to receive a listing of all disclosures of any PHI for the previous six years in which the information has been maintained. You have the right to receive one free accounting per twelve-month period. For additional accounting, we may charge prorated fees.
3. Right to receive both paper and digital copies of this privacy practices information.

Please note that all aforementioned requests must be made in writing and that all correspondence relating to granting and denying such requests would become part of your PHI.

We may not intimidate, threaten, coerce, discriminate, or take other retaliatory action against you for exercising a right or participating in any other process as permitted by applicable privacy and/or security laws; filing a privacy and/or security compliance complaint with the Department of Health and Human

Services at 877-696-6775; testifying, assisting, or participating in a compliance review, proceeding, or hearing; or opposing any act or practice in which you have a good-faith belief that the practice is unlawful and where the manner of opposition is reasonable and does not involve disclosure of PHI.

WHAT HAPPENS TO THE PRIVACY OF MY PHI IF I AM INVOLVED COUPLES/MARRIAGE/FAMILY COUNSELING?

In such instances, all members must provide consent/authorization for any disclosures of any shared chart or shared portions of a chart. This includes receiving copies of any shared PHI.

The therapist remains the arbitrator regarding whether information shared individually needs to be shared collectively with the couple.

WHAT HAPPENS TO THE PRIVACY OF MY PHI IF I AM INVOLVED WITH GROUP COUNSELING?

We keep a separate clinical record for each group member and your PHI does not appear within the clinical record of other members.

All group members must agree to protect the confidentiality of other group members by not discussing information about any other group members with anyone outside of the group.

WHAT HAPPENS IF I AM INVOLVED IN A COURT CASE?

To maintain the therapeutic process, we cannot provide court evaluations nor testimony should you ever become involved in a court case including a divorce or custody dispute.

COULD MY PHI BE DISCLOSED TO YOUR BUSINESS ASSOCIATES?

Your PHI may be disclosed to a business associate, defined as a third-party individual or an organization that performs functions for or on our behalf and uses PHI in the performance of its functions (e.g., accountant, lawyer, billing service). We would obtain, however, satisfactory assurance in the form of a written contract that the business associate would appropriately safeguard your PHI in accordance with our privacy practices. We would monitor the contract to ensure they meet all terms of the contract. In the event that we know that a business associate is breaching their obligations under their contract, we would take reasonable steps to cure the breach. If such steps are unsuccessful, we might have to terminate the contract and/or report the problem to the Department of Health and Human Services.

WHAT HAPPENS TO THE PRIVACY OF MY PHI IF I APPLY FOR THE ARMED FORCES OR A HIGH-SECURITY EMPLOYMENT POSITION?

Certain armed forces or high-security employment positions require you to release your medical (including mental health) records as part of their background check process. We would only release such records with your written authorization.

WHAT HAPPENS TO THE PRIVACY OF MY PHI IF I APPLY FOR FUTURE HEALTH OR LIFE INSURANCE?

Certain insurances might require you to release your medical (including mental health) records as part of their eligibility determination. We would only release such records with your written authorization.

WHAT HAPPENS TO MY PRIVACY IF I SEE YOU IN PUBLIC?

Should we run into each other in public, to protect your privacy, we would not acknowledge you unless you initiate interaction with us.

HOW COULD I ASK ADDITIONAL QUESTIONS ABOUT PRIVACY OR SECURITY, OR FILE A COMPLAINT?

If you have additional questions or are concerned about a decision, we have made regarding your privacy rights, please contact us. If you wish to file a complaint, please mail or fax your written complaint to us. You may also file a written complaint with the Department of Health and Human Services' Office for Civil Rights at 877-696-6775.

PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS REGARDING THE INFORMATION CONTAINED HEREIN. A PROFESSIONAL PROVIDER-CLIENT RELATIONSHIP DOES NOT BEGIN UNTIL YOU OR YOUR LEGAL PERSONAL REPRESENTATIVE SIGNS THIS DOCUMENT AND WE MEET FOR A FORMAL INITIAL SESSION.

BY CLICKING ON THE CHECKBOX BELOW (OR SIGNING IN PERSON) I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

_____ (SIGNATURE and DATE, if in person)