

# New Client Intake Packet: Notice of Privacy Practices

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## New Client Intake Packet: Notice of Privacy Practices

Welcome to Hazelwood Counseling LLC's practice! This is one of our intake forms for new clients, the full set of which includes the Notice of Privacy Practices, Consent to Communications, Agency Policies and Procedures, and two intake questionnaires (collectively referred to as the Intake Packet). It is important you read and understand the information in the Intake Packet. Once you sign each form, the form represents an agreement between us on the policies and procedures contained in that form. Should you have any questions or concerns about the Intake Packet, please let us know. Please e-sign the forms in the New Client Intake Packet at least 48 hours before your first scheduled appointment.

Additionally, please note that in addition to the forms in the Intake Packet, we will also ask you to review, complete, and sign forms required by our billing service: the Billing Intake Form and the Billing Fee Agreement. You will receive those forms, which are fillable PDFs, separately via email from us, and we ask that you return them to us by email. Please allow two weeks for us to process the two billing forms. After we process the billing and Intake Packet forms, we will be able to schedule your first appointment with you.

Throughout each of the forms in the Intake Packet, the terms "Hazelwood Counseling LLC," "Hazelwood," "your provider," "your therapist," and "I," "me," and "my" all refer collectively to Hazelwood Counseling LLC and Hazelwood's sole therapist (Hazelwood has no other employees). You may be referred to as "you" or "the client." Hazelwood's services may be referred to as "services," "mental health therapy," "psychotherapy," or "therapy." These policies do not specifically refer to or cover any vendors, such as billers or insurance processors, with which Hazelwood contracts, as they have their own policies; Hazelwood does have Business Associate Agreements in place to ensure Hazelwood's vendors comply with the Health Insurance Portability and Accountability Act ("HIPAA").

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

## Terms Used in this Document

- The terms "we," "us," "our," "Hazelwood Counseling LLC," "your provider," and "your therapist" all refer collectively to Hazelwood Counseling LLC, the mental health therapists employed or contracted by Hazelwood Counseling LLC, and any other representatives such as administrators or insurance billers employed or contracted by Hazelwood Counseling LLC.
- The terms "you" or "the client" refer to you, the person receiving mental health therapy services from Hazelwood Counseling LLC.
- The terms "our services," "mental health therapy," "psychotherapy," or "therapy" refer to the mental health therapy services we provide to our clients and to the business practices related to and directly necessary for the provision of our services, such as bookkeeping and billing.
- The term "PHI" refers to individually identifiable health information in your health record. PHI includes any identifiable health information about you received or created by us.
- The terms "medical records," "mental health records," "your records," "your health information," "your information," and "clinical records" all refer to the information we gather, keep, and/or record about you in the course of providing our services. This includes the notes your provider will make about your sessions, but does not include a very specific kind of record your provider may create, called a psychotherapy note.
- "Psychotherapy notes" are a specific kind of mental health record we may create and keep in the course of providing services to you. These notes are defined in HIPAA as any note taken by a mental health professional during an individual or group counseling session that the professional may refer to later. Most often, these notes are quotes from you or the provider's assessment of a statement or action that occurred during therapy. Unlike clinical records, your provider is not required to keep psychotherapy notes, but if your provider does do so, these notes are provided with a higher level of protection than clinical records under HIPAA.
- The term "Treatment" includes all activities involved when we provide, coordinate, or manage the provision of our services to you. An example of treatment would be when you have a therapy session with your therapist, or when your

therapist consults with another health care provider at your request, such as your family physician.

- The term "Payment" includes all activities involved for us to obtain reimbursement for services we provided to you.

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities regarding your treatment and your PHI.

**Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your records. If you would like a copy of your records, please email us at [info@hazelwoodcounselingllc.com](mailto:info@hazelwoodcounselingllc.com) or email your provider directly with your request. We will get back to you within five (5) business days to let you know the approximate time it will take us to gather and produce the records for you; usually you can expect to receive your records within thirty (30) days of your request.

We may charge a reasonable, cost-based fee to produce records for you. Typically, this fee is a copying fee imposed when you request a paper copy of your records, but if the records you are requesting are electronic records that have been archived, we may charge a fee for costs we incur to retrieve archived electronic records.

In certain limited circumstances, your provider may determine that information in your clinical records may be upsetting or harmful for you to read. If your provider determines that is the case, your provider will offer to review the records with you in session, or, if you are no longer receiving services from us to release the records to your current mental or medical care provider. These options will be offered for your safety, but regardless of whether you accept one of these options, you will still be entitled to a copy of your records.

**Ask us to correct your medical record.** You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.

**Request confidential communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

**Ask us to limit what we use or share.** You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

**Get a list of those with whom we've shared information.** You can ask for a list (also called an accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly via regular mail at the mailing address you provide.

**Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated.** You can complain if you feel we have violated your rights by contacting us using the information on the first page of this document. 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 visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

## Your Choices

**For certain PHI, you can tell us about your choices about what we share.** If you have a clear preference on how we share your information in the situations described below, please talk to us about it, tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share your records with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you want us to share your records with a third party, such as a family member or your doctor, we will require that you complete and sign a Release of Information form, which will allow you to specify exactly what records you want us to

share, with whom, and how (for example, by fax or by regular mail) and confirm you are granting us permission to share the specified records to the specified party.

In the unlikely event that you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. For example, if you are in a telehealth session with your provider and you experience a health emergency such as a heart attack or stroke, we will share your name and location with emergency services personnel in order to attempt to ensure you receive the necessary medical care.

**In these cases, we *never* share your information:**

- Marketing purposes
- Sale of your information
- Fundraising
- Inclusion in a hospital directory
- Sharing of psychotherapy notes

### **Our Uses and Disclosures of Your Records**

We typically use or share your health information in the following ways:

**Providing you with treatment.** We can use your health information and share it with other professionals who are treating you. For example, we may speak with your doctor if you tell us that you would like us to discuss your responses to mental health care medications with the doctor.

**Running our organization.** We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we may email you about changing an appointment day or time.

**Bill for your services.** We can use and share your health information to bill and get payment from health plans or other entities. For example, we will disclose your PHI to your insurer to determine eligibility for services or to obtain reimbursement for our services.

**Help with public health and safety issues.** We can share health information about you to report suspected abuse, neglect, or domestic violence of clients who are minors, disabled adults, or elderly adults, and/or to prevent or reduce a serious threat to your health or safety. For example, if you are over the age of 65 and you disclose to us that someone is abusing you emotionally, physically, sexually, or financially, we can share the minimum necessary PHI (for example, your name, your address, and what we have been told about the abuse) with the police or the state agency responsible for adult protective services in order to ensure your safety.

**Do research.** We can use or share your information for health research.

**Comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Address workers' compensation, law enforcement, and other government requests.** We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena. HIPAA also allows for disclosure of your PHI in the following situations, but because we do not provide physical health care services, our need to make the types of disclosure listed below is very unlikely.

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director

### **Our Responsibilities**

We are required by law to maintain the privacy and security of your PHI.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your records.

We must follow the duties and privacy practices described in this notice and give you a copy of this notice.

We will not use or share your information other than as described here unless you tell us, in writing, that we can do so. If you want us to share your information, we will ask you to complete and sign a Release of Information form, which will allow you to specify exactly what records you want us to share, with whom, and how (for example, by fax or by regular mail) and confirm you are granting us permission to share the specified records to the specified party. You can always change your mind and revoke the permission to share described in the Release of Information; if you change your mind, please notify us in writing via email.

#### **Our Right to Change the Terms of This Notice**

We can change the terms of this notice at any time, and the changes will apply to all the information we have about you. If we change the terms of this notice, the new notice will be available upon request, in our office, at on our website.

The effective date of this notice of privacy practices is: Aug. 30, 2022

#### **Complaints or Questions? How to Contact Us About This Notice**

If you:

- Have questions about this notice,
- Believe, now or at any point in the future, that we have violated your privacy rights, or
- Disagree, now or at any point in the future, with a decision we have made regarding access to your records,

please contact our privacy officer, who is the founder and owner of Hazelwood Counseling LLC:

Hazelwood Counseling LLC  
Attention: Amy Beard, LCSW, MSW, JD  
12725 SW Millikan Way Ste. 300  
Beaverton, OR 97005  
Phone: 917-500-1825  
Fax: (971) 229-8645  
Email: [amy@HazelwoodCounselingLLC.com](mailto:amy@HazelwoodCounselingLLC.com)

You may also send a complaint to the federal office responsible for addressing HIPAA complaints:

Office for Civil Rights  
Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201  
Email: [OCRComplaints@hhs.gov](mailto:OCRComplaints@hhs.gov)  
Online complaint portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

You will not be penalized in any way for filing a complaint.

BY ELECTRONICALLY SIGNING THIS FORM, you acknowledge that you have received an electronic copy of this notice of privacy practices. Please contact us if you would also like to receive a paper copy.