

NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by me in any form, whether electronically, on paper, or orally, are kept properly confidential. In general, the HIPAA Act gives you, the client, significant rights to understand and control how your health care information is used.

As required by HIPAA, I have prepared this explanation of how I am required to maintain the privacy of your health information and how I may use and disclose your health information. Please review this notice carefully and discuss with me any questions or concerns you may have.

What is “Medical Information” or “PHI?”

The term “medical information” is synonymous with the terms “personal health information” and “protected health information” (PHI) for purposes of this notice. It essentially means any individually identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, that (1) is created or received by a health care provider (me), health plan, or others, and (2) relates to the past, present, or future physical or mental health or condition of an individual (you); the provision of health care (e.g., mental health) to an individual (you); or the past, present, or future payment for the provision of health care to an individual (you).

I am a mental health care provider. More specifically, I am a Licensed Marriage and Family Therapist (LMFT), licensed by the state of Oregon through the Oregon Board of Licensed Professional Counselors and Therapists, and by the state of Washington through the Washington Department of Health. I create and maintain treatment records that contain individually identifiable health information about you. These records are generally referred to as “medical records” or “mental health records,” and this notice, among other things, concerns the privacy and confidentiality of those records and the information contained therein.

Uses and Disclosures of PHI

I may use or disclose your PHI for various reasons, enumerated below. Some require your authorization, while others do not.

Uses and Disclosures Requiring Your Authorization:

If I need to coordinate your mental health treatment with others involved in your care, including physicians, psychiatrists, teachers, another therapist, or other health care providers, I am required to obtain your written consent. It may also be helpful to provide PHI to a family member, friend, or other individual involved in your care or responsible for the payment of your health care. These people, too, require your written authorization. You may revoke these releases in writing at any time, but such revocation may not be retroactive. On the authorization

form to release such information, you may specifically note which areas and what types of PHI are within the bounds of the release.

Uses and Disclosures Not Requiring Your Authorization:

1. **To obtain payment for treatment and conduct business operations.** I may use and disclose your PHI to bill and collect payment for the treatment and services I provide you. Example: I might need to send your PHI to your insurance company or health plan in order to get payment for the sessions and services I provide to you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for my office.
2. **In case of an emergency.** If I deem that you need emergency treatment, I will attempt to get your consent. If you are unable to communicate with me (ie, if you are unconscious or in severe physical pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.
3. **For consultation.** It is considered best practice for mental health professionals to consult with colleagues and supervisors in order to provide you with the best care possible. If I feel consultation would be helpful to our work together, I will make every reasonable attempt to disguise or avoid revealing your identity to other professionals with whom I consult (example: using an alias and changing some details such as your age).
4. **When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement.** Example: I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel, and/or in an administrative proceeding.
5. **If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.**
6. **If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.**
7. **If disclosure is compelled or permitted by the fact that you are in such a mental or emotional condition as to be dangerous to yourself or the person or property of others,** and if I determine that disclosure is necessary to prevent the threatened danger.
8. **If disclosure is mandated by child abuse and neglect reporting law.** That is, if I have a reasonable suspicion of child abuse or neglect.
9. **If disclosure is mandated by elder/dependent adult abuse reporting law.** That is, if I have reasonable suspicion of elder abuse or dependent adult abuse.
10. **If disclosure is compelled or permitted by the fact that you tell me of a serious or imminent threat of physical violence by you against a reasonably identifiable victim or victims.**
11. **For public health activities.** Example: In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.
12. **For health oversight activities authorized by law.** I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider, or I may be compelled by the U.S. Department of Health and Human Services (HHS) to investigate or assess my compliance with HIPAA regulations.
13. **For workers' compensation purposes.** I may provide PHI in order to comply with Workers' Compensation laws.

14. **If an arbiter or arbitration panel compels disclosure.** This includes when arbitration is lawfully requested by either party, pursuant to subpoena *duces tecum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
15. **If disclosure is otherwise specifically required by law.**
16. **In the event of my complete inability to access your records,** e.g. after my death, Catherine Nyhan, LPC is designated as my Custodian of Record. She would be able to access your records on my behalf and provide referrals to other counseling services.

Your Rights Regarding Protected Health Information

1. **The right to see and obtain copies of your PHI.** In general, you have the right to see your PHI that is in my possession, or to get copies of it if you make the request in writing. You will receive a response from me within 30 days of my receiving your written request. It is my practice to have an in-person conversation about the implications of releasing PHI (for example, how it might be used in a legal proceeding) so that you may fully understand those implications, before I provide you with copies. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed. If you ask for copies of your PHI, I will charge you \$0.25 per page. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.
2. **The right to request limits on uses of and disclosures of your PHI.** You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
3. **The right to choose how I send your PHI to you.** You have the right to receive confidential communications of protected health information from me by alternative means (for example, via email instead of regular mail) or at alternative locations (for example, sending information to your work address rather than to your home address). I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.
4. **The right to receive an accounting of the disclosures of PHI that I have made about you.** You are entitled to a list of disclosures of your PHI that I have made, although this right is not absolute. I am permitted to deny the request for specific reasons, and the list may not include uses or disclosures to which you have already consented (by way of your written authorization) or those for treatment, payment, or health care operations. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include the date of the disclosure, to whom PHI was disclosed, a description of the information disclosed, and the reason for the disclosure.
5. **The right to amend your PHI.** If you believe there is some error in your PHI or that important information has been omitted, it is your right to request me to correct the existing information or add the missing information. Your request, along with a reason for the request, must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request if I find that the PHI is (1) correct and complete, (2)

forbidden to be disclosed, (3) not part of my records, or (4) written by someone other than me. You also have the right, subject to limitations, to provide me with a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become a part of your record.

6. The right to obtain a paper or PDF copy of this notice from me upon request.

Discussing or Filing a Complaint about my Privacy Practices

You have recourse if you feel that your privacy protections have been violated. If you have any concerns that my office may have somehow compromised your privacy rights, please do not hesitate to speak to me immediately about this matter. You will always find me willing to talk to you about preserving the privacy of your protected mental health information. You also have the right to file a written complaint with the Department of Health and Human Services or Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT).

I reserve the right to change my privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of my policies.

Sarah Hardin, MA, LMFT
Nautilus Counseling LLC
This notice is in effect as of April 10, 2017.

I acknowledge receipt of this privacy practices notice.

Printed Name(s): _____

Signature(s): _____

Date: _____