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License OR 1081**

Notice of Policies and Practices to Protect the Privacy of Your Health Information

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

I am required by law to maintain the privacy of your health information and provide you with a description of my privacy practices. This notice will also describe your rights and certain obligations I have regarding the use and disclosure of your health information.

PLEASE REVIEW THIS NOTICE CAREFULLY

Your health information is personal. I am committed to protecting your health information. I create a record of the care and services you receive at this office. I need this record to provide you with quality care and comply with certain legal requirements. This Notice applies to all of the records of your care generated by this office whether made by me or one of my employees.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

The following describes the different ways that your protected health information (PHI) may be used or disclosed by me. "PHI" refers to information in your health record that could identify you. For clarification, I have included some examples. Not every possible use or disclosure is specifically mentioned. However, all of the ways I am committed to use and disclose your "PHI" will fit within one of these general categories:

- For Treatment. "*Treatment*" is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
- For Payment. "*Payment*" is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. I may also tell your health plan insurer about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover or continue to cover your treatment.
- For Healthcare Operations. "*Healthcare Operations*" are activities related to the performance and operation of my practice. Examples of healthcare operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination. I may use and disclose health information to provide you with appointment information. This may be done with voice mail, messages, post cards, and other mailings.
- Use. "*Use*" applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- Disclosure. "*Disclosure*" applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, Your information will not be used by me or this office for marketing or sales.

You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse.** If I have reasonable cause to suspect child abuse or neglect, I may report this suspicion to the appropriate authorities as required by law.
- **Adult and Domestic Abuse.** If I have reasonable cause to suspect you have been criminally abused, I may report this suspicion to the appropriate authorities as required by law.
- **Health Oversight Activities.** If I receive a subpoena or other lawful request from the Department of Health or the Oregon Board of Psychologist Examiners, I must disclose the relevant PHI pursuant to that subpoena or lawful request.
- **Government Oversight.** I may be required to disclose information to a public health authority, coroner or medical examiner, an agency for the military, national security, or veterans affairs, or a law enforcement official.
- **Judicial and Administrative Proceedings.** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, I will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Lawsuits and Disputes:** If you are involved in a lawsuit against me or a dispute with me, I may use your PHI to defend myself or to respond to a court order
- **Law Enforcement.** I may release PHI about you if required by law when asked to do so by a law enforcement official.
- **Serious Threat to Health or Safety.** If you communicate to me a threat of physical violence against a reasonably identifiable third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, I may disclose relevant PHI and take the reasonable steps permitted by law to prevent the threatened harm from occurring. If I believe that there is an imminent risk that you will inflict serious physical harm on yourself, I may disclose information in order to protect you.
- **Worker’s Compensation.** I may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illnesses without regard to fault.
- For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

IV. Patient's Rights

You have the following rights regarding the PHI that I maintain about you.

- **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations.** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen at my office. On your request, I will send your bills to another address.) To request confidential communications, you must complete the request form in writing and submit it to me. I will accommodate all reasonable requests.
- **Right to Inspect and Copy.** You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. To inspect and/or obtain a copy of your PHI, you must complete the request form and submit it to me. If you request copies, I will charge the following (ORS 192.521) \$30 for the first 10 pages, 50 cents per page 11-50 and 25 cents per page after. If mailed, there is a \$5 charge plus postage if mailed within 7 business days of the request. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- **Right to Amend.** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. To request an amendment, you must complete the request form and submit it in writing to me. In addition, you must provide a reason that supports your request. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- **Right to an Accounting.** You generally have the right to receive an accounting of disclosures of PHI. On your request, I or my billing department will discuss with you the details of the accounting process. To request this accounting on disclosures, you must complete a request form and submit it in writing to me. Your request must state a time period, which may not be longer than (7) years .
- **Right to a Paper Copy.** You have the right to obtain a paper copy of this Notice upon request.
- **Breached PHI.** The HITECH act added a requirement to HIPAA that psychologists are required to give notice to patients and to HHS if they discover that “unsecured” Protected Health information (PHI) has been breached.
- **Paying out of pocket.** You have the right to pay out of pocket “in full” for all of your treatment or specific treatment dates and PHI will not be sent to your health insurance.
- **Disclosure.** You must sign an authorization before you I can release your PHI for any uses and disclosures not described in this Privacy Notice.

V. Questions and Complaints

I am the designated privacy officer for my professional practice. My mailing address is 1100 E. Marina Way, Suite 221, Hood River, OR 97031 and my telephone number is 541-386-2998. I am responsible for the development and implementation of my policies and procedures to protect PHI in accordance with the requirements of the HIPAA Privacy Rule and Oregon state law. If you believe your privacy rights have been violated please contact me immediately. I would like to discuss and receive concerns in writing.

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/ I will not retaliate against you or penalize you in any way for exercising your right to file a complaint

Changes to the Terms of this Notice:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Patient's Signature _____ Date _____

Print your name _____

Representative's Signature _____ Date _____

Print your name and relationship to patient _____