



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
 - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
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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.
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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.
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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 (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.

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 back page.
- You can file a complaint with the Oregon Board of Psychology at 3218 Pringle Rd. SE, #130, Salem, OR 97302.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. 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 information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If 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.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
 - Sale of your information
 - Most sharing of psychotherapy notes
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In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

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

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

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Our Uses and Disclosures

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research. Portland Psychological Assessments, LLC, does not participate in 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.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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.

This Notice of Privacy Practices applies to the following organizations.

PORTLAND PSYCHOLOGICAL ASSESSMENTS, LLC

NOTICE OF PRIVACY PRACTICES

(Health Insurance Portability and Accountability Act provisions)

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

Protecting Your Privacy...

Psychologists have always managed psychological records with great concern for privacy and confidentiality. Although the security of psychological records has continuously been addressed by Psychology Codes of Ethics as well as State and Federal laws, the rules have been strengthened and made more transparent by the provisions of the Health Insurance Portability and Accountability Act (HIPAA) which went into effect on April 14, 2002. The following information provides details about the provisions of HIPAA and your rights concerning privacy and your psychological records.

Who will observe these rules?

The following individuals are required by HIPAA to comply with the privacy rules:

- Your treating psychologist;
- Any secretary or receptionist who may have limited access to your identifying information (e.g., name, address, telephone number);
- Any billing agency or collection agency that handles information about you (e.g., name and address, diagnostic codes, treatment codes, consultation dates, but not actual clinical records).

YOUR RIGHTS REGARDING PSYCHOLOGICAL INFORMATION ABOUT YOU

As a client at Portland Psychological Assessments, LLC, you have the following rights:

THE RIGHT TO INSPECT AND OBTAIN A COPY OF YOUR PSYCHOLOGICAL RECORD

Professional records constitute an important part of the therapy process and help with the continuity of care over time. According to the rules of HIPAA, your treatment and consultations with PORTLAND PSYCHOLOGICAL ASSESSMENTS, LLC, are documented in two ways. **The Clinical Record**, which is a required record that includes the date of your therapy sessions, your reasons for seeking treatment, your diagnosis, therapeutic goals, treatment plan, progress, medical and social history, treatment history, functional status, any past records from other providers, as well as any reports to your insurance carrier. **Psychotherapy Notes** are optional notes that are kept by some providers in any medium, in the performance of the official duties of the mental health professional for documenting or analyzing the contents of conversation during a counseling session. When used, Psychotherapy Notes are kept separately from your Clinical Record in order to maximize privacy and security.

You have the right to inspect and receive a copy of your Clinical Record. Viewing your record is best done during a professional consultation, rather than on your own, in order to clarify any questions that you may have at the time. You may be charged a nominal fee for accessing and photocopying the record. Psychotherapy Notes, however, if they are created, are never disclosed to third parties, HMOs, insurance companies, billing agencies, patients, or anyone else. They are for the use of the treating psychologist in tracking the many details of consultations that are too specific to be included in the Clinical Record. If your case manager or insurance company requests to see the psychotherapy notes, you have a choice about consenting (authorizing release of this information) or

PORTLAND PSYCHOLOGICAL ASSESSMENTS, LLC

denying access to them. If you refuse, it will not affect your coverage or reimbursement in any way, and your insurance provider or HMO is obliged to provide payment as usual.

THE RIGHT TO REQUEST A CORRECTION OR ADD AN ADDENDUM TO YOUR PSYCHOLOGICAL RECORD

- **Correction:** If you believe that there is an inaccuracy in your clinical record you may request a correction. If the information is accurate, or if it has been provided by a third party (e.g., previous therapist, primary care physician, etc.), it may remain unchanged, and the request may be denied. In this case you will receive an explanation in writing, with a full description of the rationale.
- **Addendum:** You also have the right to make an addition to your record, if you think it is incomplete.

THE RIGHT TO AN ACCOUNTING OF DISCLOSURES OF YOUR PSYCHOLOGICAL INFORMATION TO THIRD PARTIES

You have the right to know if, when, and to whom your psychological information has been disclosed (exclusive of treatment, payment, and health care operations). However, you likely would already be aware of such disclosures, as you would have signed consent forms allowing for them (such as to other psychotherapists, primary care physicians, etc.). This accounting must extend back for a period of six years.

THE RIGHT TO REQUEST RESTRICTIONS ON HOW YOUR INFORMATION IS USED

You have the right to request restrictions on certain uses or disclosures of your psychological information. These requests must be in writing, and most likely will be honored, although in some cases they may be denied. This office does not use or release your protected health information for any purpose other than treatment, payment, healthcare operations, and other exceptions specified in this notice.

THE RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that your therapist communicate with you about your treatment in a certain way, or at a certain location. For example, you may prefer to be contacted at work instead of at home, or on a cell phone, in order to schedule or cancel an appointment. Or, you may wish to receive billing statements at a Post Office Box, or at some other address.

THE RIGHT TO A COPY OF THIS NOTICE UPON REQUEST

You have the right to have a copy of this Notice of Privacy Practices.

THE RIGHT TO FILE A COMPLAINT

You have the right to file a complaint if you believe your privacy rights have been violated. You must do so in writing, and may address it directly to PORTLAND PSYCHOLOGICAL ASSESSMENTS, LLC, or to the Mental Health Section of the Division of Registrations. The Board of Examiners for each license or registration listed below can be reached at 3218 Pringle Rd. SE, Suite 130, Salem, Oregon 97302, (503) 378-4154. Filing a complaint will not change the health care provided by this office in any way. If you have questions or concerns about this notice or your health information privacy, please do not hesitate to contact PORTLAND PSYCHOLOGICAL ASSESSMENTS, LLC, at 971-236-3361.

PORTLAND PSYCHOLOGICAL ASSESSMENTS, LLC

HOW THIS OFFICE MAY USE AND DISCLOSE PSYCHOLOGICAL INFORMATION ABOUT YOU

FOR TREATMENT

PORTLAND PSYCHOLOGICAL ASSESSMENTS, LLC, will access your record and use psychological information about you to assist in the continuity of your treatment services or if medically necessary to initiate treatment interventions. This information will not be shared with other health care professionals; unless you specifically request it or agree to it and sign a consent form to that effect.

FOR PAYMENT

This office may use and disclose psychological information about you for billing purposes. This generally is restricted to your name and other personal identifiers (address, relevant identifying information, or other needed information), diagnostic and treatment codes, dates of services, and any similar information. Personal identifying information may also be disclosed to third party organizations through a collections agency strictly for the purposes of collecting monies owed.

FOR HEALTH CARE OPERATIONS

PORTLAND PSYCHOLOGICAL ASSESSMENTS, LLC, may share basic identifying information with an administrative assistant or other office staff to assist in scheduling and treatment procedures. This would not normally include the contents of your psychological record.

AS REQUIRED BY LAW

It is possible (though unlikely) that the Department of Health and Human Services may review how this office complies with the regulations of HIPAA. In such a case, your personal health information could be revealed as part of providing evidence of compliance.

BUSINESS ASSOCIATES

This office may contract with a billing agency or attorneys to attend to business issues on an as-needed basis. In this case, there will be a written contract in place with the agency requiring that it maintain the security of your information in compliance with the rules of HIPAA.

RESEARCH

This office is currently not participating in any research studies.

CHANGES TO THIS NOTICE

Please note that this privacy notice may be revised from time to time. You can find changes in the laws concerning privacy or your rights as we become aware of them by accessing this form on our website: www.pdxpa.org. In the meanwhile, please do not hesitate to raise any questions or concerns about confidentiality with PORTLAND PSYCHOLOGICAL ASSESSMENTS, LLC.