

Integrated Psychological Services; Portland Pain Psychology

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

This document shall serve as notice of policies and legal duties and your legal rights regarding the privacy of your confidential medical/mental health information. This notice includes information about how your confidential information may be used and disclosed by us, so please read it carefully and be sure to discuss any questions or concerns with us.

DEFINITIONS

These are technical definitions in accordance with the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule that you will need to know to understand this document:

- **Protected Health Information (PHI)** - PHI is (with certain exceptions) individually-identifiable health information regarding the patient.
- **Psychotherapy Notes** - Psychotherapy notes means notes recorded (in any medium) by a therapist documenting or analyzing the contents of a conversation with a patient or patients during a private counseling session or a group, joint, or family session. These notes are separated from the rest of the patient=s medical or mental health records and are given a greater degree of protection than PHI.
- **Use** - Use means the sharing, employment, application, utilization, examination, or analysis of individually-identifiable health information *within an entity* (e.g., the therapist=s office).
- **Disclosure** - Disclosure means the release of, transfer of, provision of access to, or divulging in any other manner, information *outside the entity* holding the information.
- **Treatment** - Treatment means the provision, coordination, or management of health care and related services by one or more health care providers. This can include the coordination or management of health care by a health care provider with a third party, consultation between health care providers relating to a patient, or the referral of a patient for health care from one health care provider to another.
- **Payment** - Payment means when the therapist obtains reimbursement for the provision of health care. An example of payment would include, but is not limited to, obtaining third-party reimbursement, the determinations of eligibility or coverage (including coordination of benefits or the determination of cost-sharing amounts), and adjudication or subrogation of health benefit claims.
- **Health Care Operations** - Health care operations mean activities which relate to the performance or operation of the therapist=s practice. The following are several examples of health care operations: conducting quality assessment and improvement activities, including outcomes evaluations and development of clinical guidelines; protocol development, case management and care coordination; business-related matters such as administrative services; and related functions that do not include treatment.

I. General Policies Regarding Privacy of PHI

In our practice:

- We follow policies and procedures in compliance with both federal regulations of the HIPAA Privacy Rule, and Oregon State Law,
- We do not use or disclose PHI in violation of the HIPAA Privacy Rule or Oregon State Law,
- We use and disclose PHI as permitted or required by the HIPAA Privacy Rule, Oregon State Law, or other laws, and
- When permitted, We make a reasonable effort to limit disclosure of PHI to the minimum necessary to accomplish the intended purpose of the disclosure.

II. Uses and Disclosures Requiring Your Consent

- We may use or disclose your PHI for treatment, payment, and health care operations purposes by obtaining your consent (given by signing the Office Policy / Consent to Treatment form).
- The exception to this is that we may disclose PHI to your health insurer if you have an Oregon insurance policy with the provision required by state law that all subscribers and enrollees, by accepting the benefits of the policy, are deemed to have consented to the examination of their medical records for purposes of utilization review, quality assurance, and peer review by the insurer or its designee, provided that the disclosure is for those purposes. However, we may not disclose Psychotherapy Notes to the insurer without a Privacy Rule Authorization (Section III).

III. Uses and Disclosures Requiring a Privacy Rule Authorization

- For uses and disclosures other than treatment, payment, or health care operations (eg. to your employer, attorney, or school), We must obtain a patient authorization that has greater detail required by the Privacy Rule, as well as Oregon's limitations on revocation and effective periods of the authorization.
- No authorization is required, however, for those uses and disclosures permitted or required by law (described below in Section IV)
- Any use or disclosure of Psychotherapy Notes requires an authorization meeting both Privacy Rule and Oregon State Law requirements.
- A patient may revoke the authorization at any time, unless action has been taken in reliance on the authorization.

IV. Uses and Disclosures With Neither Consent Nor Authorization

We may be required to disclose PHI without your consent or authorization in the circumstances described below. When possible I will inform you before such disclosure.

- **Child Abuse:** If your records are requested in relation to a child abuse investigation, we may be compelled to release them to the appropriate authorities. If we receive information about child abuse other than in a professional context, we may be required to make an oral report to the Department of Health and Human Services.
- **Adult and Domestic Abuse:** If your records are requested in relation to an investigation of abuse of an adult, we may be compelled to release them to the appropriate authorities. If we receive information about abuse to an adult other than in a professional context, we may be required to make an oral report to the Department of Health and Human Services.
- **Government Oversight:** We 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 or Administrative Proceedings:** If you are involved in court proceedings and a request is made for information about your evaluation, diagnosis, or treatment, and the records thereof, such information is privileged under state law and must not be released without your written authorization or a court order. The privilege does not apply if you are being evaluated for a third party or if the evaluation is court-ordered. We are required to inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** We may disclose confidential information when we judge that such disclosure is necessary to protect against a clear and substantial risk of imminent serious harm by you to yourself or another person. We shall limit the disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession when addressing these problems. We will, when possible, first obtain your consent for such disclosure. We may also use or disclose PHI that we have previously agreed to restrict if the restricted PHI is needed to provide you with emergency treatment. In that situation we will also ask the emergency treatment provider not to further use or disclose that information.
- **Worker's Compensation:** If you file a worker's compensation claim, this constitutes authorization to release your relevant mental health records to involved parties and officials. This would include a past history of complaints or

treatment of a condition similar to that in the complaint.

V. Patients= Rights

Below is an outline of your rights regarding privacy of PHI and Psychotherapy Notes. You may ask for the details of the procedures for each right.

- *Right to Request Restrictions* You have the right to request restrictions on the uses or disclosures of your PHI. To carry out treatment, payment, or health care operations, we are not required to accept the requested restrictions, and may terminate an agreement to not disclose at a later time. We may use or disclose restricted PHI to emergency health care providers if it is necessary for them to use the restricted PHI in your emergency care. We will request such providers not further use or disclose the information.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* You have the right to request and to receive confidential communications from us of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know you are seeing a therapist; upon your request, we will send your bills to another address.)
- *Right to Inspect and Copy* You have the right to inspect and/or obtain a copy of your PHI and psychotherapy notes for as long as the PHI is maintained in the record. We may deny your request to access your PHI or Psychotherapy Notes under certain circumstances. In those cases, you may have this decision reviewed by another licensed mental health provider. Upon your request, we will discuss the details of the request, denial, and review process.
- *Right to Amend* You have the right to request an amendment of your PHI for as long as the PHI is maintained in the record. If we accept the request, we will amend the PHI or record as agreed and to make a reasonable effort to inform and to provide the amendment to (1) persons identified by you as having received the PHI and who need the amendment, and (2) persons who have received the PHI that is the subject of the amendment and who may have relied or who could foreseeably rely on such information to your detriment.
- *Right to an Accounting* You have the right to receive an accounting of disclosures of your PHI made in the six years prior to your request. Exceptions include disclosures: to carry out treatment, payment, and health care operations; to you of PHI about you; to correctional institutions or law enforcement officials; to government officials regarding national security or intelligence; that impedes the activities of a health oversight or law enforcement official; that occurs prior to April 14th, 2003.
- *Right to a Paper Copy* You have the right to obtain a paper copy of this *Notice of Policies and Practices to Protect the Privacy of Patient's Health Information* upon request, even if you have agreed to receive the notice electronically.

VI. Administrative Issues: Safeguards and Complaints

Dennis Kurtz, office manager, is the designated privacy officer for our professional practice. The mailing address is PO Box 83207, Portland, OR 97283 telephone 503-505-7227. We are responsible for the development and implementation of policies and procedures to protect PHI in accordance with the requirements of the HIPAA Privacy Rule and Oregon state law.

- We have in place appropriate administrative, technical, and physical safeguards in accordance with the HIPAA Privacy Rule.
- We meet the documentation requirements of the HIPAA Privacy Rule.
- If you have questions for those entities who provide services on our behalf (e.g., health care operations), we will enter a written agreement to obtain satisfactory assurance that they will safeguard the privacy of the PHI of my patients. We rely on these business associates to abide by the contract but will take reasonable steps to remedy any breaches of the agreement of which we become aware.

- The privacy of patient's PHI is critically important for our relationship with patients and for our practice. We provide a process for patients to make complaints concerning adherence to the requirements of the HIPAA Privacy Rule.
- We will not intimidate, coerce, discriminate against, or take retaliatory action against any patient for exercising their rights under the HIPAA Privacy Rule or for filing a complaint made in good faith belief that the practice is unlawful.
- We will not require patients to waive their rights provided by the HIPAA Privacy Rule or right to file a Department of Health and Human Services compliance complaint as a condition of receiving treatment.

VII. Effective Date, Restrictions and Changes to Privacy Policy

This notice went into effect on January 01, 2022.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. If we revise policies and procedures, we will post a revised notice.