

PATIENT PRIVACY PRACTICES

The following paragraphs outline how the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) affects how records are kept and managed. Protecting client privacy is of utmost importance. The following paragraph explains how, when, and why Dr. Oxtoby may use and/or disclose client records, which are known under the HIPAA legislation as “Protected Health Information” (PHI). Client PHI consists of individually identifiable information about your past, present, or future health or condition and the provision of and payment for health care to you. Dr. Oxtoby may also receive your PHI from other sources (e.g., other health care providers, insurance companies, attorneys). Except in specified circumstances, she will not release client PHI to anyone. When disclosure is necessary under the law, Dr. Oxtoby will only use and/or disclose the minimum amount of your PHI necessary to accomplish the purpose of the use and/or disclosure.

In accordance with the HIPAA act and its Privacy Rule, client PHI may be used and disclosed for a variety of reasons; however, every effort is made to prevent its dissemination. For most other uses and/or disclosures of your PHI, clients will be asked to grant permission via a signed authorization, which is a separate form. The HIPAA Rule allows for certain specified uses and/or disclosures of your PHI consisting of the following:

- Uses and/or disclosures related to client treatment, the payment for services clients receive, or for healthcare operations, with client consent.
- For treatment, the use and/or disclosure of PHI to psychologists, psychiatrists, physicians, nurses, and other health care personnel involved in providing health care services to clients. An authorization may not be obtained in the case of a medical emergency.
- For payment, Dr. Oxtoby may use and/or disclose client PHI for billing and collection activities without your specific authorization.
- For health care operations, Dr. Oxtoby may use and/or disclose your PHI in the course of operating the various business functions of the office (e.g., in order to do third party or insurance billing without your authorization).

Generally, use and/or disclosure of client PHI for any purpose that falls outside of the definitions of treatment, payment, and healthcare operations identified above will require signed authorization. You retain the right to revoke your authorization at any time except to the extent that a disclosure might already have been made.

The HIPAA Rule provides that Dr. Oxtoby may use and/or disclose your PHI without requiring your authorization in the following circumstances:

- When required by law such as when reporting suspected abuse, neglect, or domestic violence.
- In judicial and administrative proceedings your PHI may be used and/or disclosed in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process.
- If a complaint is filed against Dr. Oxtoby with the Oregon Board of Psychologist Examiners, the Board has the authority to subpoena confidential mental health information relevant to that complaint.
- To avert a serious threat to health or safety. Dr. Oxtoby may use and/or disclose your PHI in order to avert a serious threat to health or safety. For example, if she believes you are at imminent risk of harming a person or property, or of hurting yourself, Dr. Oxtoby may disclose your PHI to prevent such an act from occurring.

The HIPAA Privacy Rule grants you each of the following individual rights:

- You have the right to request restrictions on certain uses and disclosures of protected health information. However, Dr. Oxtoby is not required to agree to a restriction you request.
- You have the right to request to have confidential communications of PHI delivered by alternative means (e.g., email) and/or at alternative locations.
- You have the right to view your PHI that is in Dr. Oxtoby's possession or to obtain copies of it. You must request it in writing and you will receive a response within 30 days of receiving your written request. This may be subject to certain limitations and fees. Please understand that older records may be destroyed, and therefore no longer available, in accordance with applicable law or standards.
- You have the right to request an accounting of certain disclosures made by Dr. Oxtoby. Upon request, Dr. Oxtoby will discuss with you the details of the accounting process.
- You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request must be in writing and Dr. Oxtoby may deny your request if she finds that the PHI is correct and complete, forbidden to be disclosed, not part of our records, or written by someone other than her. The denial will be in writing and will state the reasons for the denial. It will also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and the denial be attached to any future disclosures of your PHI.
- You have the right to obtain a paper copy of the notice from Dr. Oxtoby upon request, even if you have agreed to receive the notice electronically.

If you have questions about this notice, disagree with a decision Dr. Oxtoby makes about access to your records, or have other concerns about your privacy rights, you may contact her in writing at 497 SW Century Dr., Ste. 104, Bend, OR 97702. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Ave. S.W., Washington D.C., 20201. Any complaint you file must be received by Dr. Oxtoby, or filed with the Secretary, within 180 days of when you knew, or should have known, that the act or omission occurred. Dr. Oxtoby will take no retaliatory action against you if you make such complaints.

In the case of a minor child, the child's legal guardian has the right to inspect or obtain a copy (or both) of PHI in Dr. Oxtoby's mental health and billing records used to make decisions about the child for as long as the PHI is maintained in the record. However, psychotherapy notes including statements made by a child during therapy sessions will not be released, in order to protect the child's right to confidentiality, unless required by law or deemed by Dr. Oxtoby to be in the best interests of the child.

The patient/guardian signature here indicates you have read, received, and understand the previously discussed information relating to how your (or your child's) clinical information may be used and disclosed in compliance with HIPAA and the manner in which you can acquire access to related information.

Patient

Date

Parent/Guardian

Date

Witness

Date