

Paula Helsby, MA, MS, MA, NCC
Licensed Professional Counselor
103 South First Street, Suite 204, Silverton, OR 97831
Mailing Address: P. O. Box 1001, Silverton, OR 97381 • **503-873-3608**
E-mail: paula@counselingbypaula.com
Website & Blog: counselingbypaula.com

HIPAA NOTICE OF PRIVACY PRACTICES

I. 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.

II. It is my legal duty to safeguard your protected health information (PHI).

By law I am required to insure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office. You may also request a copy of this Notice from me, or you can view a copy of it in my office.

III. How I will use and disclose your PHI.

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorizations; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

A. Uses and Disclosures related to treatment, payment, or health care operations do not require your prior written consent. I may use and disclose your PHI without your consent for the following reasons:

1. For health care operations. I may disclose your PHI to facilitate the efficient and correct operation of my practice. Examples: I may also provide your PHI to my

attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.

2. To obtain payment for treatment. I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. Example: I might send your PHI to your insurance company or health plan in order to get payment for the health care services that I have provided to you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and other that process health care claims for my office.

3. Other disclosures. Examples: Your consent isn't required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.

B. Certain Other Uses and Disclosures do not require your consent. I may use and/or disclose your PHI without your consent or authorization for the following reasons:

1. 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.
2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
3. If disclosure is required by a search warrant lawfully issued in a governmental law enforcement agency.
4. If disclosure is compelled by the patient or the patient's representative pursuant to federal statutes or regulations, such as the Privacy Rule that requires this Notice.
5. To avoid harm. I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
6. If disclosure is compelled or permitted by the fact that you are in such 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.
7. If disclosure is mandated by the Oregon Child Abuse and Neglect Reporting law. For example, if I have a reasonable suspicion of child abuse or neglect. This includes past, present as well as anticipated future abuse of a minor (under the age of 18), regardless of whether or not the act is consensual (in the case of sex with a minor).

8. If disclosure is mandated by the Oregon Elder/Dependent Adult Abuse Reporting Law. For example, if I have a reasonable suspicion of elder abuse or dependent adult abuse.

9. If disclosure is mandated by the Oregon Disabled Adult Abuse Reporting law. For example, if I have a reasonable suspicion of abuse of a disabled adult.

10. If disclosure is compelled or permitted by the fact that you tell me of a serious/ 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. Example: 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.

13. For specific government functions. Example: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interest of national security, such as protecting the President of the United States or assisting with intelligence operations.

14. For research purposes. In certain circumstances, I may provide PHI in order to conduct medical research.

15. For Workers' Compensation purposes. I may provide PHI in order to comply with Worker' Compensation laws.

16. Appointment reminders and health related benefits or services. Examples: I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options, or other health care services or benefits I offer.

17. If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.

18. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.

19. If disclosure is otherwise specifically required by law.

C. Certain uses and disclosures require you to have the opportunity to object.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

D. Other uses and disclosures require your prior written authorization. In any other situation not described in Sections IIIA, IIIB, and IIIC above, I will request your written authorization before using or disclosing any of your PHI. even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that I haven't taken any action subsequent to the original authorization) of your PHI by me.

IV. What rights you have regarding your PHI. These are your rights with respect to your PHI:

A. The right to see and get 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; however, you must request it in writing. If i do not have your PHI, but I know who does, I will advise you how you can get it. You will receive a response from me within 30 days of my receiving your written request. 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 our right to have my denial reviewed. If you ask for copies of your PHI, I will charge you not more than \$.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.

B. The right to request limits on uses and disclosure 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.

C. The right to choose how I send your PHI to you. It is your right to ask that you PHI be sent to you at an alternate address (fro example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). 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.

D. The right to get a list of the disclosures I have made. You hare entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or

disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I gave you will include disclosures made in the previous six years (the first six year period being 2003-2009) unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

E. The right to amend your PHI. If you believe that there is some error in our PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the 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, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must 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 my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

F. The right to get this notice by email. You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

V. How to complain about my privacy practices.

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

VI. Person to contact for information about this notice or to complain about my privacy practices. If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at: Paula Helsby, LPC, 103 South First St., Suite 204, P. O. Box 1001, Silverton, Oregon 97381, phone: 503-873-3608, email: paula at counselingbypaula.com

VII. Effective Date of this notice. This notice went into effect on April 14, 2003.

I acknowledge receipt of this notice

Client Name: _____ Date _____ Signature _____

Client Name: _____ Date _____ Signature _____

HIPAA CLIENT RIGHTS

Right to request how we contact you.

It is our normal practice to communicate with you at your home address and daytime phone number you have us when you scheduled your appointment, about health matters such as appointment reminders, etc. Sometimes we may leave messages on your voicemail. You have the right to request that our office communicate with you in a different way.

May we contact you at home? (circle one) yes no. May we contact you at work? Yes No May we contact you by cell phone? yes no Where may we contact you?_____.

Coordination of treatment: It is important that all health care providers work together. As such, I would like your permission to communicate with your primary care physician and/or psychiatrist. Your consent is valid for one year. If you prefer to decline consent no inform will be shared.

_____ You may inform my physician(s) _____ I decline to inform my physician

Physician Name_____

Clinic_____

Address_____

Phone_____

Signature(s)_____ Date_____

Consent for treatment of children and adolescents: I/we consent that

_____ may be treated as a client of Paula Helsby, LPC. At times it may be necessary to schedule appointments during school hours. I ask for your cooperation to provide the most timely treatment for you and your children.

Signature(s)_____ Date_____

