

HIPAA: NOTICE OF PRIVACY PRACTICES

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

If you have any questions about this notice, please contact:

Casey Mills Counseling, LLC
3295 Triangle Dr. SE #105 Salem, OR 97302
503-930-8509

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices followed by the practitioner, administrator and office personnel at the practice listed above.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the counseling and care services you have received through Casey Mills Counseling LLC. Your health information may include information created and received by your therapist. This information may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, counseling, evaluations, test results, prescriptions, diagnoses, treatments, procedures and related billing activity and/or similar types of health-related information.

I am required by law to give you this notice. It will tell you about ways in which I may use and disclose health information about you and describes your rights and my obligations regarding the use and disclosure of that information.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

I may use and disclose health information for the following purposes:

For treatment. With your written consent, I may release information to your primary care physician and/or other treating physicians, therapists, counselors, care givers, office staff or other personnel who are involved in taking care of you and your health.

For example, your therapist may be treating you for a condition and may need to know if you have medical issues or problems that may complicate your treatment. The clinician may use this information to decide what treatment is best for you. I may need to confer with your doctor or another clinician in the field of practice to assist us in a choice of treatment that would be best for you.

Different personnel may share information about you and disclose information to people who do not work in your therapist's office in order to coordinate your care, such as scheduling appointments and tests. Family members and other health care providers may be part of your medical care and may require information about you that I have.

For payment. I may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party.

For example, I may need to give your health plan information about a service you received so your health plan will pay us or reimburse you for service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will pay for the treatment.

For health care operations. I may use and disclose health information about you in order to make sure that you and our other clients receive quality health care. For example: I may use your health information to evaluate the performance of the office personnel who care for you. I may also use health information about all or many of my clients to help decide what additional services I should offer, how I can be more efficient, or whether certain new treatments are effective.

I may also disclose your health information to health plans that provide you with insurance coverage and other health care providers that care for you. My disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

Appointment reminders. I will text an appointment reminder 1 day prior to your appointment for counseling. *Please specify on the intake form what phone numbers may be used to remind you of appointments. Please notify me if you do not wish to be contacted for appointment reminders.*

Treatment alternatives. I may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-related products and services. I may tell you about health-related products or services that may be of interest to you.

SPECIAL SITUATIONS:

I may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

To avert a serious threat to health or safety. I may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required by law. I will disclose health information about you when required to do so by federal, state or local law.

Military, veterans, national security and intelligence. If you are or were a member of the armed forces, or part of the national security or intelligence communities, I may be required by military command or other government authorities to release health information about you. I may also release information about foreign military personnel to the appropriate foreign military authority.

Worker's compensation. I may release health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public health risks. I may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability, or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health oversight activities. I may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and disputes. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, I may also disclose health information about you in response to a subpoena.

Law enforcement. I may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners, and Funeral Directors. I may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death.

Information not personally identifiable. I may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Family and friends. I may disclose health information about you to your family members or friends if we obtain your verbal agreement along with your written authorization to do so. We will give you an opportunity to object to such a disclosure and request you state this in writing. I may also disclose information to your family and friends if I can infer from circumstances, based on my professional judgment that you would not object. For example, I may assume you agreed to limited disclosure of information to your spouse when you bring your spouse with you to a counseling session and have not requested in writing that any form of disclosures cannot be made.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), I may, using my professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, I will disclose only the health information relevant to the person's involvement in your care. For example: I may inform the person who accompanied you to the emergency room that you may have attempted suicide and provide updates and prognosis. I may also use my professional judgment and experience to make reasonable inferences that are in your best interest to allow another person to act on your behalf.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

I will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. If you give us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer be able to use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

I will need specific, written authorization from you in order to disclose certain types of specially protected information such as HIV, substance abuse, mental health, and genetic testing information.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to inspect and copy. You have the right to inspect and copy your health information, such as medical and billing records, that I keep and use to make decisions about your care. You must submit a written request to your therapist or our administrative office in order to set up an appointment to inspect and/or copy records of your health information. If you request a copy of the information, I may charge a fee for the costs of copying, mailing or other associated supplies.

I may deny your request to inspect and/or copy records in certain limited circumstances. If you are denied copies of or access to information that I keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, I will select a licensed health care professional to review your request and my denial. The person conducting the review will not be the person who denied your request, and I will comply with the outcome of the review.

Right to amend. If you believe the health information I have about you is incorrect or incomplete, you may ask me to amend the information. You have the right to request and amendment as long as your therapist keeps the information.

To request an amendment, complete and submit an amendment/corrections request to your therapist at **3482 Liberty Rd. S. Salem, OR 97302**

We may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Your therapist did not create, unless the person or entity that created the information is no longer available to make the amendment,
- Is not part of the information that I keep,
- You would not be permitted to inspect and copy,
- Is accurate and complete.

Right to an accounting of disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of information about you for purposes other than treatment, payment, health care operations, and a limited number of special circumstances involving national security, correctional institutions and law enforcement. The list will also exclude any disclosures I have made based on your written authorization.

To obtain this list, you must submit your request in writing to your therapist at **3482 Liberty Rd. S. Salem, OR 97302**.

It must state a time period, which may be no longer than six years subsequent to the date of signature. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists, I may charge you for the costs of providing the list. I will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to request restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that I not use or disclose information about a hospitalization you had.

We are not required to agree with your request. If we do agree, I will comply with your request unless the information is needed to provide you with emergency treatment, or I am required by law to use or disclose the information.

To request restrictions, you can complete a request for restriction on use/disclosure of medical information to your therapist at **3482 Liberty Rd. S.**

Salem, OR 97302. I will not ask you the reason for your request. I will accommodate all reasonable requests. Your request may specify how or where you wish to be contacted.

Right to a paper copy of this notice. You have the right to a paper copy of this notice. You may ask your therapist or our office personnel to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE

I reserve the right to change this notice, and to make the revised or changed notice effective from information we already have about you as well as any information I receive in the future. I will post the current notice in our office with the effective date in the top, right-hand corner. You are entitled to a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. To file a complaint with my office, please contact Casey Mills at Casey Mills Counseling, LLC at **3295 Triangle Dr. SE #105, Salem, OR 97302**.

After reading HIPPA form: The signing for this document acknowledging you have read, understood, asked any questions that you may have regarding this document, and have been offered a copy of this form for your own records is found on the ACNOWLEDGEMENT PAGE, which you are to print and bring a copy at your first appointment.