

Notice of Privacy Practices (HIPAA) - Revised January 2026

Therapist's Policies and Practices to Protect the Privacy of Your Health Information

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.

I. Uses and Disclosures for Treatment, Payment, and Operations (TPO)

I may use or disclose your Protected Health Information (PHI) for the following purposes without a specific Authorization from you:

- **Treatment:** I may disclose PHI to coordinate your care, such as consulting with your physician or psychiatrist.
 - **Payment:** I may disclose PHI to your health insurer (e.g., JCC, AllCare, Regence) to verify eligibility or process claims for reimbursement.
 - **Healthcare Operations:** I may use PHI for internal practice management, including clinical supervision, quality audits, or utilizing HIPAA-compliant software (SimplePractice, Blueprint, Spruce) to maintain your record.
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II. Disclosures Requiring Your Specific Written Authorization

I must obtain a separate, written Authorization for the following:

- **Psychotherapy Notes:** These are private notes kept separate from your medical record and have the highest level of protection.
 - **Reproductive Health Care (2026 Update):** I will not use or disclose PHI to conduct a criminal, civil, or administrative investigation into, or to impose liability on any person for, the act of seeking, obtaining, providing, or facilitating lawful reproductive health care. **Attestation Requirement:** If I receive a request for PHI related to reproductive health care for judicial proceedings or law enforcement, I am legally required to obtain a signed attestation from the requester confirming the request is not for a prohibited purpose.
 - **Substance Use Disorder (SUD) Records:** Specific consent is required to share information regarding SUD diagnosis or treatment per federal **42 CFR Part 2**.
 - **Marketing & Sale of PHI:** I do not sell your information or use it for marketing purposes.
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III. Disclosures Without Consent (Mandatory Reporting & Legal)

I am permitted or required by law to disclose PHI without your authorization in the following circumstances:

- **Mandated Reporting:** I must report suspected abuse of a child, elderly person (65+), or vulnerable adult to Oregon DHS.
 - **Serious Threat to Safety (Duty to Protect):** I may disclose PHI to prevent imminent harm to yourself or others, including mandatory suicide risk notification for minors under **ORS 109.680**.
 - **Judicial Proceedings:** I will disclose PHI in response to a Court Order signed by a Judge.
 - **Worker's Compensation:** As required by **ORS 656.252**.
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IV. When a Release of Information (ROI) is Requested or Needed

While the law allows some sharing for "Treatment" without consent, I prioritize your privacy by requesting a signed **Release of Information (ROI)** for coordination with parties outside of the immediate medical team. I will request an ROI from you for:

- **Educational Coordination:** To speak with a teacher, school counselor, or IEP/504 team.
 - **Legal Requests:** To share records or summaries with your attorney.
 - **Family/Support Systems:** To discuss your care with a family member, partner, or friend who is not part of a formal "Family Therapy" session.
 - **Employment/Disability:** To provide clinical summaries to an employer, HR department, or disability insurance carrier (e.g., FMLA or OR-PFML).
 - **Multi-Disciplinary Teams:** To coordinate with social workers, DHS caseworkers, or community-based programs that are not "Covered Entities" under HIPAA.
 - **Collaborative Care:** Even when technically allowed under "Treatment," I prefer to have an ROI on file to coordinate with your Primary Care Provider or Psychiatrist to ensure you are fully informed of the communication
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V. Your Patient Rights

- **Right to Access:** You may request a copy of your record. In accordance with **ORS 192.566**, I may withhold records if I believe disclosure would cause "substantial harm" to you or others.
 - **Right to Self-Pay Restriction:** If you pay out-of-pocket, you can request I not disclose PHI to your health plan for that service.
 - **Right to Amend:** You may request a correction to your clinical record.
 - **Right to an Accounting:** You may request a list of the times I have shared your PHI for the six years prior.
 - **Breach Notification:** You have the right to be notified following a breach of your unsecured PHI.
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VI. Digital Privacy & Communication

- **AI Clinical Technology:** I utilize HIPAA-compliant AI tools (e.g., **Blueprint**) for administrative efficiency in note-taking. This technology is vetted for high-level encryption and does not "train" on your personal data.
 - **Secure Platforms:** I utilize encrypted platforms (Spruce, SimplePractice, Hushmail) to protect your PHI during digital transmission.
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VII. Questions and Complaints

If you believe your privacy rights have been violated, please contact me directly at **541-414-4523**. You may also file a complaint with:

- The Oregon Board (OBLPCT): www.oregon.gov/oblpcct
- U.S. Dept. of Health and Human Services (OCR): www.hhs.gov/ocr