

# NOTICE OF PRIVACY PRACTICES

## BISHOP WELLNESS CENTER

### Health Service Providers' Policies and Practices to Protect the Privacy of Your Health Information

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**THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH CARE INFORMATION IS IMPORTANT TO US.**

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#### USES AND DISCLOSURES OF HEALTH INFORMATION

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
  - Treatment* is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
  - Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - Health Care Operations* are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of our office such as releasing, transferring, or providing access to information about you to other parties.

#### USES AND DISCLOSURES REQUIRING AUTHORIZATION

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment, and healthcare operations, we will obtain an authorization from you before releasing this information.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer to right the contest the claim under the policy.

#### USES AND DISCLOSURES WITH NEITHER CONSENT OR AUTHORIZATION

We may use or disclose PHI without your consent or authorization only in the following circumstances:

- **Child Abuse:** If there is a child abuse investigation, we may be compelled to turn over your relevant records.
- **Adult & Domestic Abuse:** If there is an elder abuse or domestic violence investigation, we may be compelled to turn over your relevant records.
- **Health Oversight:** The Oregon State Board of Nursing may subpoena relevant records from us should we be the subject of a complaint.
- **Judicial Or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and we must not release your information without written authorization by you or your personal or legally-appointed representative, or a court order. This privilege does not apply when you are

being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

- **Serious Threat to Health or Safety:** We may disclose confidential information when we judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. We must limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems.
- **Worker's Compensation:** If you file a worker's compensation claim, this constitutes authorization for us 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.

## **PATIENT'S RIGHTS AND PROVIDER'S DUTIES**

### **PATIENTS RIGHTS:**

- **Right to Request Restrictions** -You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** -You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. Upon your request, the business office will send your bills to another address.)
- **Right to Inspect & Copy** -You have the right to inspect or obtain a copy (or both) of PHI, chart notes, or a summary letter for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described earlier in this notice). On your request, we will discuss with you the details of the accounting process.
- **Right to a Paper Copy**- You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

### **PROVIDER'S DUTIES:**

We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If we revise any policies and procedures, we will give you a copy of the revision at our next appointment following the revision.

### **COMPLAINTS**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the Oregon Board of Nursing.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Agency listed above can provide you with appropriate address upon request.

### **EFFECTIVE DATE, RESTRICTIONS AND CHANGES TO PRIVACY POLICY**

This notice will go into effect on April 15, 2003.

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. We will provide you with a revised notice by giving you a copy at your first appointment following the revision.