

**NOTICE OF PRIVACY PRACTICES  
BISHOP WELLNESS CENTER**

**Nurse, Psychologist, Counselor, and Social Worker Policies and Practices to Protect the Privacy of Your Health Information**

**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.**

**USES AND DISCLOSURES OF HEALTH INFORMATION**

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

**PHI:** Refers to information in your health record that could identify you.

**Treatment 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.

**Health Care Operations:** 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 when your appropriate authorization is obtained. An authorization is written permission that permits only specific disclosures. In those instances when we are asked for information, we will obtain an authorization from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that we have relied on that authorization.

**USES AND DISCLOSURES THAT DO NOT REQUIRE CONSENT OR AUTHORIZATION**

We may use or disclose PHI without your consent or authorization in some circumstances, including:

**Investigations of Abuse on Vulnerable Persons:** If there is an investigation of child abuse, elder abuse, or abuse of an otherwise determined by law vulnerable person, we may be compelled to turn over your relevant records.

**Regulatory Board Oversight:** The Oregon State Board of Psychology, the Oregon State Board of Nursing, Oregon Medical Board, Oregon Board of Licensed Social Workers, or the Oregon Board of Licensed Professional Counselors and Therapists 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 protected health information to involved parties and officials. This would include a past history of complaints or treatment of a condition similar to that in the complaint.

**National Security:** We may be required to disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

**PATIENT/CLIENT RIGHTS AND RESPONSIBILITIES:**

**As a patient or client of a clinician of the Oregon State Board of Nursing or Oregon Medical Board, a clinician of the Oregon Board of Psychology, the Oregon Board of Licensed Professional Counselors and Therapists, or the Oregon Board of Social Workers, you have the following rights:**

- 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.
- To receive confidential communication of PHI by alternative means and at alternative locations.
- To inspect or obtain a copy (or both) of your PHI for as long as the PHI is maintained in the record. We may deny your request under certain circumstances, but you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- To request and amendment of your PHI as long as the PHI is maintained in the record. We may deny your request. On your request, we will review with you the details of the amendment process.
- To receive a general accounting of disclosures of PHI for which you have neither provided authorization nor consent (as described earlier). On your request, we will review with you the details of the accounting process.
- To expect that your provider has met the minimal qualifications of training and experience required by state law;
- To examine public records maintained by the Board and have the Board confirm the credentials of a licensee;
- To obtain a copy of the Code of Ethics;
- To report complaints to the appropriate Regulatory Board
- To be informed of the cost of professional services before receiving the services;
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the exceptions outlined on the previous page.
- To be free from being the object of discrimination on the basis of race, religion, gender, gender expression, gender identity, ethnicity, sexuality, socio-economic status, ability, or other lawful category while receiving services.
- To request a different provider to the extent possible.
- To present a complaint, knowing that your care will not be compromised in any way.

**As a client/patient, you have the following responsibilities:**

- Keep your scheduled appointments and let us know if you cannot keep it.
- Be as honest and open as possible with your provider.
- Follow through on treatment recommendations as agreed upon with your provider

**PROVIDER 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 session following the revision. An up to date Professional Disclosure Statement outlining the qualifications of your Licensed Professional Counselor is available to you. I understand that as an integrated center, all providers in Bishop Wellness Center routinely collaborate with one another to facilitate comprehensive treatment in support of shared patients/clients. The staff and providers at Bishop Wellness Center have access to your file on a “need to know” basis, and may consult with one another as deemed appropriate. These discussions are specific and limited. Your health and/or counseling records are NOT a part of any other records at Willamette University or PNCA.

**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 appropriate regulatory boards:

**Oregon Board of Psychology**  
3218 Pringle Rd. SE, Suite 130  
Salem, Oregon, 97302-6312  
(503)378-4154  
[www.oregon.gov/OBPE](http://www.oregon.gov/OBPE)

**Oregon Board of Licensed Professional Counselors and Therapists**  
3218 Pringle Rd. SE, Suite 250  
Salem, Oregon, 97302-6312, (503)378-5499  
[www.oblpct.state.or.us](http://www.oblpct.state.or.us)

**Oregon State Board of Nursing**  
17938 SW Upper Boones Ferry Rd.  
Portland, Oregon 97224-7012  
(971)673-0685  
[www.oregon.gov/OSBN](http://www.oregon.gov/OSBN)

**Oregon Medical Board**  
1500 SW 1st Ave., Suite 620  
Portland, Oregon, 97201  
(971)673-2700  
[www.oregon.gov/omb](http://www.oregon.gov/omb)

**Oregon Board of Licensed Social Workers**  
3218 Pringle Rd. SE, Suite 240, Salem, Oregon, 97302, (503)378-5735  
<https://www.oregon.gov/blsw>

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 session following the revision. **This notice will go into effect on August 1, 2017**

**I have read and understand Bishop Wellness Center’s Notice of Privacy Practices**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**