



## NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice describes policies related to the use of your records while you are under the care of North Star Therapy Collective. We are required to give you this Notice about: 1) the use of disclosure of your health information; 2) our legal responsibility; and 3) your rights concerning your health information.

### **1. Use and Disclosure of Protected Health Information**

North Star Therapy Collective uses and discloses the minimum necessary health information about you for your treatment and for payment of services.

- a. I consult regularly with a supervisor and consultation group comprised of other therapists. The information is kept strictly confidential and may not be revealed to anyone outside the group.
- b. I may use and disclose your health information to obtain payment for services I provide to you. For example, I may need to give insurance companies or other agencies the minimum necessary information in order for them to reimburse you for the service I have provided to you.

### **2. Information Disclosed Without Your Consent**

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Under Oregon law and federal law, information about you may be disclosed without your consent in the following circumstances.

- a. **Emergencies.** Sufficient information may be shared to address an immediate emergency you are facing.
- b. **Judicial and Administrative Proceedings.** I may disclose your personal health information in the

course of a judicial or administrative proceeding in response to a valid court order or other lawful process, including if you were to make a claim for Workers Compensation.

c. **Public Health Activities.** If I feel you are an immediate danger to yourself or others, I may disclose health information about you to the authorities, as well as alert any person who may be in danger.

d. **Child/Elder Abuse.** I may disclose health information about you related to the suspicion of child and/or elder abuse or neglect.

e. **Criminal Activity or Danger to Others.** I may disclose health information if a crime is committed on business premises or against our personnel, or if I believe there is someone who is in immediate danger.

f. **National Security, Intelligence Activities, and Protective Services to the President and Others.** I may release health information about you to authorized federal officials as authorized by law in order to protect the President or other national or international figures, or in cases of national security.

g. **Health Oversight Activities.** I may disclose health information to a health oversight agency for activities authorized by law. These activities might include audits or inspections and are necessary for the government to monitor the health care system and assure compliance with civil rights. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements. The minimum necessary information will be provided in these instances.

h. **Business Associates.** I may disclose the minimum necessary health information to business associates that perform functions on my behalf or provide services if the information is necessary for such functions or services. All business associates sign agreements to protect the privacy of your information and are not allowed to use or to disclose any information other than as specified in our contract.

i. **Scheduling Appointments.** If you have given permission, I may use your phone number to call you and leave messages to schedule or remind you of an appointment. Similarly, if you have given permission, I may send you an email to schedule or remind you of an appointment.

### 3. Your Rights and Responsibilities Regarding Your Health Information

a. **Right to Inspect and Copy.** You have the right to look at or get copies of your health information, with limited exceptions. Your request must be in writing. If you request this information, a reasonable charge may be made for the cost incurred.

b. **Right to Amend.** You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I have the right to deny your request under certain circumstances.

c. **Right to an Accounting of Disclosures.** You have the right to receive a list of instances in which we have disclosed your health information for purposes other than treatment, payment, or health care operations. To request an accounting of disclosures, you must submit your request in writing. Such accountings remain available for six years after the last date of service.

d. **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 example, you could ask that we not share information with

an insurance company. A written request should be made. We are not required to agree to your request, but will consider the request very seriously.

**e. Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you may ask that we contact you only by mail or at work. You must make this request in writing and it must specify the alternative means or location that you would like us to use to provide you information about your health care. We will make every attempt to accommodate reasonable requests.

**f. Right to Obtain a Paper Copy of this Notice.** You have the right to receive a paper copy of this notice and any amended notice upon request. We will make additional copies available to you.

Any other uses and disclosures not set out in the information above will be made only with your written authorization. You may revoke a written authorization for release of information at any time. The revocation must be in writing and will become effective when it has been received and will only be for disclosures not already completed.

We reserve the right to change privacy practices provided such changes are permitted by applicable law.

**Questions and Complaints** If you believe your privacy rights have been violated, you may file a complaint with North Star Therapy Collective or you may file a complaint with the U.S. Department of Health & Human Services. To obtain additional information or to file a complaint please contact us. There will be no retaliation of any kind if you choose to file a complaint.