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HIPAA Notice of Privacy Practice

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 am required by the Health Insurance Portability and Accountability Act (HIPAA) to provide you with this *Notice* that serves to inform you and explain privacy practices required by Federal Law regarding the use and disclosure of your *Protected Health Information (PHI)*. Health information is information in any form that relates to any past, present, or future health of an individual. PHI refers to individually identifiable health information that is received or created by my office or me. In some cases Oregon Law, or ethical standards of the mental health profession, are more protective of your privacy. In these cases, the most protective standards will be applied. Please take time to carefully review the following information.

Uses and Disclosures for Health Information about You

By State Law and the ethics of mental health profession, I must have your written signed consent to use and disclose your health information. I may use or disclose your protected health information (PHI) for:

Treatment: The delivery of care, coordination or management of your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.

Payment: I may disclose 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; or to determine your insurance eligibility, benefits, or coverage.

Health Care Operations: Those activities that relate to the performance or management of my 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.

Uses and Disclosures Requiring Authorization

I may use or disclose confidential information (including but not limited to PHI) for purposes *outside* of treatment, payment, and healthcare operations when your written informed consent is obtained. An *"authorization"* is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization from you by having you sign an *Authorization for Release of Information* before releasing this information.

I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversations (i.e., an individual, joint, family, or group session: telephone contact, electronic mail, or some other form of correspondence).

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) I 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 the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent or Authorization

I may use or disclose PHI *without* your consent or authorization in the following circumstances:

Child Abuse: If I have reasonable cause to believe that a child with whom I have had contact has been abused I may be required to report the abuse. Additionally, if I have reasonable cause to believe that an adult with whom I have had contact has abused a child, I may be required to report the abuse. In any child abuse investigation, I may be compelled to turn over PHI. Regardless of whether I am required to disclose PHI or to release documents, I also have the ethical obligation to prevent harm to my patients and to others. I will use my professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.

Mentally ill or Developmentally Disabled Adults: If I have reasonable cause to believe that a mentally ill or developmentally disabled adult, who receives services from a community program or facility, has been abused, I may be required to report the abuse. Additionally, I have reasonable cause to believe that any person with whom I come into contact has abused a mentally ill or developmentally disabled adult, I may be required to report the abuse. . Regardless of whether I am required to disclose PHI or to release documents, I also have the ethical obligation to prevent harm to my patients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.

Health Oversight: Health Information about you may be disclosed to a health oversight agency or representative, 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.

Judicial or Administrative Proceedings: Your PHI may become subject to disclosure if: (1) You become involved in a lawsuit, and your mental or emotional condition is an element of your claim. (2) A court orders your PHI to be released, or orders a mental evaluation.

Serious Threat to Health or Safety: I may disclose confidential information when I 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. I 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 me 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 involved in the worker's compensation claim.

Family, friends, or others on your behalf: In situations where you may not be capable of providing authorization (e.g., medical emergency, being incapacitated, judgment being impaired, being a minor), I may use my professional judgment to determine that some degree of disclosure may be in your best interest to provide you with adequate care. In such situations I would disclose the minimum amount of information necessary for appropriate care.

Research: Health Information about you can be used for research projects that are subject to a special approval process. However, I will only use anonymous information about you that does not personally identify you. I will not disclose information that may be personally identify you without your written permission.

Patient's Rights

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am 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 (e.g., you may not want a household member to know that you are seeing me). Upon written request, I will send correspondence or bills to another address.

Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. You must submit your request in writing. If you request a copy, I may charge a fee for the costs of processing your request. I may deny your access to PHI under certain circumstances.

Right to Amend: If you believe health information in your record that is kept by my office is incorrect or incomplete, you may ask me to amend the information under certain circumstances. Such requests must be in writing and include a clear statement of the rationale and proposed amendments. Your request may be denied under certain circumstances (e.g., if it is not in writing, does not include adequate support for the request, if the information was created by another party or entity, it is no longer part of the health information that I keep, the information is seen as accurate or complete.

Right to an Accounting: You have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. This request must be made in writing and specify the time period which may not be longer than six years and may not included dates before April 14, 2003. The first list you request within a 12 month period is at no charge. A processing fee may be charged for additional requests.

Right to a Paper Copy: You have the right to obtain a paper copy of the *Notice* from me upon request, even if you have agreed to receive the notice in some other form (i.e. reading a displayed copy, former or similar copy, orally, electronically).

Effective Date, Restrictions and Changes to Privacy Policy

This notice became effective on April 14, 2003.

Changes to this Notice: I have the right to change this notice, and to make revised or changed notice effective for clinical information I already have about you as well as any information I receive in the future. I will post a summary of the current notice in the office with its effective date clearly shown. You are entitled to a copy of the notice currently in effect.

Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me for further information. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at:

Region X, Office for Civil Rights
US Department of Health and Human Services
2201 Sixth Avenue, Mail Stop RX-11
Seattle, WA 98121-1831
(206) 615-2290