



## **HIPAA Notice of Privacy Practices**

**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.**

Cascade Centers, Inc. takes our responsibility to safeguard your protected health information (PHI) very seriously. We value your trust as an important part of our ability to provide you with the best possible service. This notice is intended to inform you of how we protect, use, and disclose your information, as well as explain your right to control these disclosures as required under the *Health Insurance Portability and Accountability Act* of 1996 (HIPAA).

This notice provides information regarding disclosures of your health information followed by this practice, professionals, staff and other office personnel including any practitioner who might provide "call coverage" for this agency.

### **Our Duties**

We are required by law to maintain the privacy of your information. We must also provide you with a notice of our legal duties and privacy practices with respect to PHI. PHI refers to individually identifiable health information. PHI includes any identifiable health information received or created by this office or your counselor.

We may need to revise our privacy practices from time to time. 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.

### **Types of Uses and Disclosures of Your Protected Health Information**

Cascade Centers, Inc. will not use or disclose your health information for any purpose other than those identified in this notice without your specific, written *Authorization*. We must obtain your *Authorization* separate from any *Consent* we may have obtained from you. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, **in writing**, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the *Authorization* and *Consent* mentioned above) from you. In order to disclose these types of

records for purposes of *treatment, payment or health care operations*, we will require a special written authorization that complies with the law governing HIV or substance abuse records.

*By state law and the ethics of our mental health professions, we must have your written, signed consent to use and disclose health information for the following purposes. When we begin your care we will ask you to sign a consent agreement titled "Client Treatment Policies and Informed Consent". The agreement indicates you have consented to the disclosures outlined in this notice. You may revoke your Consent at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures that occurred before that time.*

**We will only disclose your information in the following instances:**

- ◆ **For Treatment Purposes.** We use health information about you to provide you with clinical services. We may disclose health information about you to office staff or other personnel who are involved in taking care of you and your health. For example, we may discuss your treatment in our staff case consultation meeting.
  - ◆ **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, many insurers require that we submit diagnosis information as a condition of reimbursement. **It is our policy to release only diagnoses, date, and type of service when we have your consent to bill third party payers.** If more information is requested by a payer, we will request your written authorization for that disclosure.
  - ◆ **For Health Care Operations.** We may use health information about you in order to run the practice and make sure you receive quality care. Examples of this are Appointment Reminders or Client Satisfaction Surveys. We may contact you as a reminder that you have an appointment or send a survey to your home to evaluate our services. Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to have a survey mailed to your home.
- Other Purposes.** There are a variety of other purposes for which we may, or may be required to use or disclose information about you without your consent or authorization. These include the following disclosures. (These are subject to all applicable legal requirements and limitations.)
- ◆ **To Avert a Serious Threat to Health or Safety.** Based on professional judgment, we may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
  - ◆ **Child Abuse.** If there is a child abuse investigation, we may be compelled to turn over your relevant records.

- ◆ **Adult and Domestic Abuse, Abuse of Mentally ill or Developmentally Disabled Adults.** If there is an elder abuse or domestic violence investigation, we may be compelled to turn over your relevant records.
- ◆ **Required By Law.** Based on professional judgment, we will disclose health information about you when required to do so by federal, state or local law. Disclosures may be compelled by the U.S. Department of Health and Human Services for compliance and enforcement purposes.
- ◆ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena. Such disclosures would be based on professional judgment.
- ◆ **Law Enforcement.** We may release health information if required to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- ◆ **Family and Friends.** In situations where you are not capable of giving authorization (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we would disclose only health information relevant to the person's involvement in your care. For example, if you were in a mental health crisis, we might involve a family member or friend in helping you get to an appropriate care facility.
- ◆ **Military, Veterans, National Security and Intelligence.** If you are or were a member of the armed forces, or part of the national security or intelligence communities, military command or other government authorities may require the release of health information about you. HIPAA also permits release of information about foreign military personnel to the appropriate foreign military authority.
- ◆ **Workers' Compensation.** Health information about you may be released for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- ◆ **Public Health Risks.** Health information about you may be disclosed for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- ◆ **Health Oversight Activities.** Health information about you may be disclosed to a health oversight agency 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.

#### Your Privacy 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. We will discuss how your request may impact our ability to provide your care.
- ◆ **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 a counselor. Upon your request, we will send all correspondence 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 our mental health and billing records used to make decisions about you 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. 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.

#### Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we have made about access to your records, you may contact:

**Julie Marshall, Ph.D. at 503-639-3009**

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The address is: Office for Civil Rights, U.S. Department of Health and Human Services, 2201 Sixth Avenue, Suite 900 Seattle, Washington 98121-1831.

**Effective Date, Restrictions and Changes to Privacy Policy**  
This policy will go into effect on: **April 14, 2003.**

Cascade Centers, Inc. reserves 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 the end of the first session following any changes.