

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW CLINICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact your treatment provider who is also the designated privacy officer for that practice at 503-364-6093. Your provider's business address is 2250 D Street NE, Salem, Oregon 97301.

WHO WILL FOLLOW THIS NOTICE.

This notice describes the information privacy practices followed by the clinical providers listed below and by their Business Associate, Mid-Valley Professional Services Corporation and its staff.

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John Caywood, MS
Arvilla Claussen, PMHNP
B. Scot Cook, PsyD
William W. Davis, PsyD

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Keith A. Swanson, PsyD
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Carlos Taloyo, PhD
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Each provider conducts clinical practice completely independently of any other provider at this location. Your provider has contracted with Mid-Valley Professional Services Corporation, as a Business Associate, strictly to provide a facility in which to practice, provide billing support and all other administrative services necessary to provide health care operations. As a contracted Business Associate, Mid-Valley Professional Services Corporation, including all of its employees, will adhere to the information privacy practices outlined below. For purposes of this document, all future references to "this office" refer to each independent provider and/or Business Associate, Mid-Valley Professional Services Corporation.

YOUR HEALTH INFORMATION.

This notice applies to the information and records this office has about your health, health status, and the health care and services you receive at this office. Your health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information.

Your provider is required by law to give you this notice. It will tell you about the ways in which your provider may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

HOW YOUR PROVIDER MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

Your provider may use and disclose health information for the following purposes:

- **For Treatment.** Your provider may use health information about you to provide you with clinical treatment or services. Your provider may disclose health information about you to doctors,

nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, your provider may be treating you for a psychological condition and may need to know if you have other medical or psychiatric problems that could complicate your treatment. The provider may use your clinical history to decide what treatment is best for you. Your provider may also tell another provider about your condition so that the most appropriate care for you can be determined.

Different personnel in this office may share information about you and disclose information to people who do not work in this office in order to coordinate your care, such as phoning in prescriptions to your pharmacy and scheduling lab work. Family members and other health care providers may be part of your clinical care outside this office and may require information about you that your provider has.

- **For Payment.** Your provider 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, your provider may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. Your provider may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will pay for treatment.

- **For Health Care Operations.** Your provider may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, your provider may use your health information to evaluate the performance of our staff in caring for you.

Your provider may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. This disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

- **Appointment Reminders.** The office staff may contact you as a reminder that you have an appointment for treatment or clinical care at the office.
- **Treatment Alternatives.** Your provider may tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Products and Services.** Your provider may tell you about health-related products or services that may be of interest to you.

Please notify the office if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise your provider **in writing** (at the address listed at the top of this Notice) that you do not wish to receive such communications, your information for these purposes will not be used or disclosed.

SPECIAL SITUATIONS.

Your provider may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

- **To Avert a Serious Threat to Health or Safety.** Your provider 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.

- **Required by Law.** Your provider will disclose health information about you when required to do so by federal, state or local law. Also, the State of Oregon mandates reporting if there is reason to believe that a minor, mentally ill, or developmentally disabled adult has been abused or neglected.
- **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, your provider may be required by military command or other government authorities to release health information about you. Your provider may also release information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** Your provider may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** Your provider may disclose health information about you 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.** Your provider may disclose health information 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.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, your provider may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, your provider may also disclose health information about you in response to a subpoena.
- **Law Enforcement.** Your provider may release health information if asked 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.
- **Information Not Personally Identifiable.** Your provider may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- **Family and Friends.** Your provider may disclose health information about you to your family members or friends if your provider obtains your verbal agreement to do so or if your provider gives you an opportunity to object to such a disclosure and you do not raise an objection. Your provider may also disclose health information to your family or friends if your provider can infer from the circumstances, based on professional judgment that you would not object. For example, your provider may assume you agree to disclosure of your personal health information to your spouse when you bring your spouse with you during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), your provider may, using professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, your provider will disclose only health information relevant to the person's involvement in your care. For example, your provider may inform the person who accompanied you to the emergency room that you were in a psychiatric crisis and provide updates on your progress and prognosis. Your provider may also use professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, etc.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding health information your provider maintains about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy your health information, such as clinical and billing records, that are kept and used to make decisions about your care. You must submit a written request to the privacy officer in order to inspect and/or copy records of your health information. If you request a copy of the information, your provider may charge a fee for the costs of copying, mailing or other associated supplies.

Your provider may deny your request to inspect and/or copy in certain limited circumstances. If you are denied copies of or access to health information that is kept about you, you may ask that the denial be reviewed. If the law gives you a right to have the denial reviewed, your provider will select a licensed health care professional to review your request and the denial. The person conducting the review will not be the person who denied your request, and your provider will comply with the outcome of the review.

- **Right to Amend.** If you believe health information your provider has about you is incorrect or incomplete, you may ask your provider to amend the information. You have the right to request an amendment as long as the information is kept by your provider.

To request an amendment, you must complete and submit a CLINICAL RECORD AMENDMENT/ CORRECTION FORM to the privacy officer.

Your provider may deny your request for an amendment if your request is not **in writing** or does not include a reason to support the request. In addition, your provider may deny your request if you ask your provider to amend information that:

- a) Your provider did not create, unless the person or entity that created the information is no longer available to make that amendment
 - b) Is not part of the health information that is kept
 - c) You would not be permitted to inspect and copy
 - d) Is accurate and complete
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures your provider made of clinical information about you for purposes other than treatment, payment, health care operations, and a limited number of special circumstances involving national security, correctional institutions and law enforcement. The list will also exclude any disclosures your provider has made based on your written authorization.

To obtain this list, you must submit your request **in writing** to the privacy officer. It must state a time period, which may not be longer than six years and may not include dates before 4/14/03. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, your provider may charge you for the costs of providing the list. The privacy officer will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information your provider uses or discloses about you for treatment, payment or health

care operations. You also have the right to request a limit on the health information your provider discloses about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that your provider not use or disclose information about specific therapy subjects that are not life threatening.

Your provider is not required to agree to your request. If your provider does agree, your provider will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you may complete and submit the REQUEST FOR RESTRICTION ON USE/ DISCLOSURE OF CLINICAL INFORMATION to the privacy officer.

- **Right to Request Confidential Communications.** You have the right to request that your provider communicates with you about clinical matters in a certain way or at a certain location. For example, you can ask that your provider or the office staff only contact you at work or by mail.

To request confidential communications, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF CLINICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to the privacy officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask the office to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy.

To obtain such a copy, contact the privacy officer.

CHANGES TO THIS NOTICE.

Your provider reserves the right to change this notice, and to make the revised or changed notice effective for clinical information regarding you as well as any information received in the future. Your provider will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with your provider or with the Secretary of the Department of Health and Human Services. To file a complaint with your provider, contact the privacy officer, at 503-364-6093. *You will not be penalized for filing a complaint.*