

### NOTICE OF PRIVACY PRACTICES Effective April 14, 2003

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, you can contact Dr. Swan at (503) 641-4546.

According to state and federal laws such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Dr. Swan and his office staff (we) are required to maintain the privacy of your Protected Health Information (PHI) and provide you with this notice. It will tell you about the ways in which we may use and disclose health information about you and it will describe your rights and our obligations regarding the use and disclosure of that information. Not every situation will be described in this notice.

Your "health information" includes information about you that was created or received by this office. It may relate to past, present, or future health and it may be in any form: written, electronic, or spoken.

#### **I. USES & DISCLOSURES REQUIRING CONSENT**

We may use or disclose health information about you when you have consented to the following:

**Treatment:** We may use or disclose health information about you when we provide, coordinate, or manage 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 in order to decide what treatment would be best for you.

**Payment:** We may use and disclose your health information 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. Examples of payment are when we disclose your health information to your health insurer in order to determine eligibility or coverage and to obtain reimbursement for the treatment that we provided to you.

**Health Care Operations:** "Health Care Operations" are activities that relate to the performance and operation of Dr. Swan's practice. For example, we may use health information about all or many of our clients to help decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective. We may disclose your health information to health insurance companies and other health care providers who care for you for the purposes of case management, care coordination, and business related matters such as audits and administrative services.

#### **II. USES & DISCLOSURES REQUIRING AUTHORIZATION**

There may be times when we need to obtain your authorization to disclose your health information. An "authorization" is written permission above and beyond the general consent that permits disclosures specified in section one. In instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information.

Additionally, psychologists are required to obtain your authorization before releasing psychotherapy notes which are notes made about your conversation during a private, group, joint, or family counseling session and kept separate from the rest of your health information. However, Dr. Swan does not regularly maintain any notes separate from the rest of your health information. In the event that a separate file of psychotherapy notes is maintained, those records will be given a greater degree of protection as intended by the law.

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 it or 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.

#### **III. SPECIAL SITUATIONS**

Subject to all applicable legal requirements and limitations, we may use or disclose your health information without your consent or authorization in the following circumstances:

**Child or Elder Abuse:** Generally, providers are required by law to report any known or suspected cases of child or elder abuse to the appropriate state agency.

**To Avert a Serious Threat to Health or Safety:** We may disclose your confidential health information to any person without authorization if we reasonably believe that disclosure will avoid or minimize a clear and substantial risk of imminent danger to your health and safety or the health and safety of another person.

**Death and Organ Donations:** In the event of a client's death, the spouse or parents of a deceased client have the right to access their spouse's or child's records. Health information may also be released to a coroner, medical examiner, or funeral director for the purpose of identifying the deceased person or the cause of death. We may also disclose health information to Organ Procurement Organizations.

**Minors and Guardianship:** Parents or legal guardians of non-emancipated minor clients have the right to access the client's records. If a child is in treatment non-custodial parents can gain access to their children's records pertaining to treatment/evaluation.

**Communication with Family or Friends:** Dr. Swan may disclose health information about you to your family member or friend if he obtains your verbal agreement to do so or if he gives you an opportunity to object to such a disclosure and you do not raise an objection. He may also disclose health information to your family or friend if he can infer from the circumstances, based on his professional judgment, that you would not object. For example, he may assume you agree to the disclosure of your personal health information to your spouse when you bring your spouse with you into the therapy room during treatment or while treatment is discussed.

Additionally, in situations where you are not capable of giving consent (because you are not present or due to your incapacity), Dr. Swan may determine that a disclosure to your family member or friend is in your best interest. In that situation, he will disclose only health information relevant to that person's involvement in your care.

**Court Orders, Subpoenas, Lawsuits and Disputes:** Your health information can become subject to disclosure if Dr. Swan is ordered to go to court where he may need to say things or provide information from your chart without your permission. The judge decides who is compelled to testify. This sometimes happens during child custody hearings, investigations of possible crimes like domestic violence, and civil suits. If you become involved in a lawsuit, your mental or emotional condition may become an element of the claim.

**Inmates:** We may disclose health information about an inmate of a correctional institution to the correctional institution or the law enforcement officer who brought the inmate to the session.

**National Security, Intelligence, Military and Veterans:** We may disclose health information about you to authorized federal officials so they may provide protection or conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law. If you are or were a member of the armed forces, or part of national security or intelligence communities, we may be required to release health information about you. Similarly, information about foreign military personnel may be released to the appropriate foreign military authority.

**Workers' Compensation:** If you file a worker's compensation claim, this constitutes authorization for me to release your health records to involved parties and officials. This would include a past history of compliance or treatment of a condition similar to that involved in the worker's compensation claim.

**Health Oversight Activities:** We may disclose health information to certain state and federal agencies that monitor the healthcare system, government programs, and compliance with civil rights laws for the purposes of audits, investigations, inspections, and licensing. Professional misconduct by a health care professional must be reported by other health care professionals. In cases where a professional or legal disciplinary meeting is being held regarding the healthcare professional's actions, related records may be released in order to substantiate disciplinary concerns.

**Business Associates:** In the event that we contract with third-party business associates to provide services to this office, and that arrangement involves the use or disclosure of your health information, Dr. Swan will have a written contract that requires the business associate to maintain the same high standards of safeguarding your privacy that he requires of his own business.

**Information Not Personally Identifiable:** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are in situations such as but not limited to the following:

**Research:** We may use and disclose health information about you for research projects that are subject to a special approval process. If the researcher will have access to your name, address or other identifying information, or will be involved in your care at the office, then we will ask you for your permission beforehand.

**Public Health Risks:** We may disclose your health information to health authorities charged with preventing or controlling disease, injury, disability, or medication problems.

**Consultation:** Occasionally, it is in your best interest for your therapist to consult other therapists regarding your treatment (e.g., obtaining other expert opinion, covering phone calls, etc.) This will be carried out with the utmost consideration for your privacy. Usually, your identity will not be revealed. In cases where extensive consultation with another professional is required, your written consent will be obtained.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

#### **IV. CLIENT'S PRIVACY RIGHTS**

You have the following rights regarding the health information we maintain about you:

**Right to Request Restrictions.** You have the right to request that we restrict uses or disclosures of your health information to carry out treatment, payment, or health care operations. For instance, you may want us to limit what we say about you to a family member or friend who is involved in your care or payment for it. For example, you could ask that we not use or disclose information about a surgery you had. Such requests should be written. We are not required to agree to requests.

**Right to Receive Confidential Communications.** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by phone. We will accommodate all reasonable requests. Your request must be in writing and specify how or where you wish to be contacted.

**Right to Inspect and Copy.** You have the right to inspect and copy your health information that we use to make decisions about your care. You must submit a written request to Dr. Swan in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

**Right to Amend.** If you believe that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we cannot amend information that: a) We did not create, unless the person or entity that created the information is no longer available to make the amendment. b) Is not part of the health information that we keep. c) You would not be permitted to inspect and copy. d) Is accurate and complete.

**Right to an Accounting of Disclosures.** You generally have the right to receive an accounting of disclosures for which you have neither provided consent nor authorization (as described in Section III of this Notice). Upon your request Dr. Swan will discuss with you the details of the accounting process.

**Right to Obtain a Paper Copy.** You have the right to a paper copy of this notice and you may request one at any time.

#### **V. QUESTIONS, COMPLAINTS, AND CHANGES**

If you have questions or concerns about your privacy rights or a decision made about access to your records, you may discuss these with Dr. Swan at a mutually agreeable time.

If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary of the Department of Health and Human Services. To file a complaint here, contact Dr. Swan (503) 641-4546. You will not be penalized for filing a complaint.

This notice may be changed or amended. The revised notice will be effective for information gathered in the past or received in the future. The current notice will be posted in the office with its effective date printed at the top.