

Janet Sims, Ph.D.

Basic Mindfulness Portland, LLC

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HIPAA Privacy Notice

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI). Under this law I am required to provide you with this notice describing my professional privacy practices, legal duties, and your rights concerning your PHI. Please review it carefully. If you have any questions contact me, Janet M. Sims, Ph.D., 503-719-5499, as I am the designated privacy officer for this practice.

It is my legal duty to safeguard your PHI. By law, I am required to assure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. This Notice must explain when, why, and how I would use or disclose your PHI. "Use" of PHI means when I share, apply, utilize, examine, or analyze information within my practice. PHI is "disclosed" when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the privacy policies and practices described in this Notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will provide you with a revised Notice at the next scheduled appointment following making the changes.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your PHI for treatment, payment, and health care operations purposes with your consent. "Use" applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, or analyzing information that identifies you. "Disclosure" applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties. "Treatment" is when I provide, coordinate or manage your healthcare and other services related to it. "Payment" is when I obtain reimbursement for your healthcare. An example is when I disclose your PHI to your health insurance company to obtain reimbursement. "Health Care Operations" are activities that relate to the performance of the operation of my practice, such as audits, administrative services and care coordination.

II. 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 health care operations when your appropriate authorization 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 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 conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

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.

III. Uses and Disclosures with neither Consent nor Authorization

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

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

- Abuse of 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. Furthermore, if I have reasonable cause to believe that someone with whom I have come into contact has abused a mentally ill or disabled adult I may be required to report the abuse. I also have an ethical obligation to prevent harm to my patients and others and will use my professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.
- Animal Abuse. If I have reasonable cause to believe that an animal I have come into contact with has suffered aggravated animal abuse, or that a person I have come into personal contact with has committed aggravated animal abuse I may report the abuse.
- State Oversight. The Oregon State Board of Psychologist Examiners may conduct investigations in which they subpoena records from me relevant to a complaint against me.
- Judicial or Administrative Proceedings. If you are involved in a court proceeding and a request is made for information about the professional services that I provided you and/or records thereof, such information is privileged under state law, and I may not release information without written authorization from you or your legally appointed representative, or a court order. The privilege does not apply when: your mental or emotional condition is an element of your claim in a lawsuit; a court orders your PHI to be released; a court orders your mental evaluation.
- Serious Threat regarding Health or Safety. I may disclose confidential information when in my professional judgment 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 may not disclose more of your PHI or to more persons than is necessary to accomplish the purpose for which the disclosure is made.
- Workers Compensation. If you file a workers compensation claim, this constitutes authorization for me to release your relevant mental health records to appropriate officials, including any past treatments or complaints of a condition similar to that involved in the worker's compensation claim.

IV. Patient's Rights

- Right to Inspect and Copy. You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your request under certain circumstances. On your request, I will discuss with you the details of the request and denial process. If you ask for copies of your PHI, I will charge you not more than \$.25 per page.
- Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of PHI about you. While I will consider your request, I am not legally bound to agree. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations. It is your 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 me. Upon your request, I will send your bills to another address.)
- 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 (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- Right to Amend. It is your right to request, in writing, an amendment of your PHI for as long as the PHI is maintained in the record. I may deny your request, in writing, if I find that: the PHI is correct and complete; forbidden to be disclosed; not part of my records; or written by someone other than me. On your request, I will discuss with you the details of the amendment process.
- Right to Paper Copy. You have the right to obtain a paper copy of this notice.

V. Complaints

If you are concerned that I have violated your privacy right, or you disagree with a decision I made about access to your records, you may contact me: Janet M. Sims, Ph.D. (503) 719-5499. You may also put your complaint in writing to:

Region X, Office for Civil Rights
 U.S. Department of Health and Human Services
 2201 Sixth Avenue, Suite 900
 Seattle, Washington 98121-1831
 Voice phone (206) 615-2287. FAX (206)615-2297. TDD (206)615-2296.
 For all complaints filed by email send to: OCRCComplaint@hhs.gov.

You will not be penalized for filing a complaint.