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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.

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). I must follow the privacy practices that are described in this Notice (which may be amended from time to time).

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Uses and Disclosures Requiring Your Written Authorization

1. Psychotherapy Notes: Notes documenting the contents of a counseling session with you will be used only by me and will not otherwise be used or disclosed without your written authorization. I am not required to let you review psychotherapy notes or disclose psychotherapy notes to a third party even if you request that they be released.

2. Other Uses and Disclosures: Uses and disclosures other than those described in Section I.B. below will be made only with your written authorization. For example, you will need to sign an authorization form before we can send PHI to your life insurance company, to a school, to your attorney or to family members or friends. If you are over 18 years old I will not communicate with your family, friends or associates about your treatment without your written authorization except as provided in the Permissible Disclosures in Section 1. If you are a spouse or partner in couples or marriage counseling, treatment-related communication will be restricted to therapy sessions.

B. Permissible Uses and Disclosures without Your Written Authorization

I may use and disclose PHI without your written authorization, excluding Psychotherapy Notes, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. Treatment: I may use and disclose PHI to provide treatment to you. For example, I may disclose PHI to other health care providers involved in your treatment.

2. Follow-up: I reserve the right to contact you by phone with appointment reminders and to follow-up missed appointments and treatment aftercare. You have the right to object to this policy.

3. Payment and Debt Collection: I may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. I am permitted without your authorization to disclose the minimum necessary PHI to collect debts from family members or friends or close associates or social service agencies which have contracted to pay your treatment costs.

4. Health Care Operations: I may use and disclose PHI in connection with health care operations, including quality improvement activities, training programs, accreditation, certification, licensing, or credentialing activities.

5. Minors: If you are a minor age 14 or older you may seek mental health or addictions counseling without your parent's permission under Oregon Law. But Oregon Law also requires that I involve your parents before the end of treatment unless your parents refuse to be involved or unless there are clear clinical indications to the contrary documented in the treatment record. (For example, if you have been sexually abused or there is reason to believe that your health and safety may be endangered if your parents are notified.) If you are an emancipated minor, your privacy will be the same as an adult.

6. Required or Permitted by Law: I may use or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition, I may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or

safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.

II. YOUR INDIVIDUAL RIGHTS

A. Right to Inspect and Copy: You may request access to your medical record and billing records maintained by me to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. For example, I do not have to let you see my psychotherapy notes about your treatment if I believe that seeing your medical record would result in a danger to your treatment. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you.

B. Right to Alternative Communications: You may request, and I will accommodate any reasonable written request, to receive PHI by alternative means of communication or at alternative locations.

C. Right to Request Restrictions: You have the right to request a restriction on PHI used for disclosure for treatment, payment, or health care operations. You must request any such restriction in writing addressed to the Privacy Officer as indicated below. I am not required to agree to any such restriction you may request.

D. Right to Accounting of Disclosures: Upon written request, you may obtain an accounting of certain disclosures of PHI made by me. This right applies to disclosures for purposes other than treatment, payment, or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.

E. Right to Request Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

F. Right to Obtain Notice: You have the right to obtain a paper copy of this Notice by submitting a request to the Privacy Officer at any time.

G. Questions and Complaints: If you desire further information about your privacy rights or are concerned that I have violated your privacy rights, you may file written complaints with the Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint with the Director or myself.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

A. Effective Date: This Notice is effective on April 15, 2012.

B. Changes to this Notice: I may change the terms of this Notice at any time. If I change this Notice, I may make the new notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. If I change this Notice, I will post the revised notice in the waiting area of my office. You may also obtain any revised notice by contacting the Privacy Officer.