

Frances Miller, Ph.D.
Licensed Psychologist
9127 NW Wood Rose Loop
Portland, Oregon 97229
Tel: (503) 704-7974

HIPAA NOTICE OF PRIVACY PRACTICES

The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information, and applies to health plans and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

This form is a short summary of the HIPAA Notice of Privacy Practices.

Your Rights

According to HIPAA, you have rights including the right to get a copy of your medical record, correct your medical record, request confidential communications, ask us to limit what we share, get a copy of this privacy notice, file a complaint, or choose someone to act for you.

Our Uses and Disclosures

I typically use or share your health information in very limited ways: for your treatment, to bill for services, in seeking consultation, and rarely with exceptions to confidentiality described in your Informed Consent Form.

In addition, I am allowed to use and share your information as I respond to medical, workers compensation, law enforcement or other requests. In most cases I would not be releasing your information without a Release of Information form.

This is rarely the case in my practice, but I am allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law

before I can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

I can share health information about you for certain situations such as: to help both public health and safety issues, preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety, or I can use or share your information for health research.

I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I'm complying with federal privacy law. I can share health information about you with organ procurement organizations, and with a coroner, medical examiner, or funeral director when an individual dies.

I can use or share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services. I can share health information about you in response to lawsuits and legal actions, a court or administrative order, or in response to a subpoena.

My Responsibilities

I am required by law to maintain the privacy and security of your protected health information. I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. I must follow the duties and privacy practices described in this notice. I will not use or share your information other than as described in the HIPPA documents unless you sign a Release of Information form. The terms of the HIPPA Notice of Privacy Practices may change. Any new notice will be available upon request in my office and on my website.

For more detailed information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Revised 2/15/22

Print Name _____

Signature _____

Date _____