

## **NOTICE OF PRIVACY PRACTICES**

**May 4, 2018**

**The privacy of your health information is very important to us. In addition, we have a legal responsibility under Federal and State laws to keep your health information private. Your health information includes information we receive about you or that we create. We are responsible to give you this notice about our privacy practices and to follow the practices in this notice. This notice tells you how we protect and make use of your health information. Please review it carefully and ask for clarification about anything you do not understand. Copies of this notice are always available to you at no charge.**

We have the right to change our privacy practices as long as those changes are permitted or required by law. Such changes may affect how we protect the privacy of both the previous and future health information we maintain about you. When such changes are made, we will update this notice and give you a copy.

Your health information will remain confidential except:

- When we are required to report suspected child abuse.
- When we are required to report imminent danger of client to self or others.
- When we are required to report disclosure by client of intent to commit a crime, which would result in the harm of others.
- In the event of an emergency, we need to disclose to a family member, a person responsible for client's care, or client's personal representative. If client is present in such a case, we will give the client an opportunity to object. If client objects, is not present, or is incapable of responding, we will use our professional judgment, in light of the nature of the emergency, and keeping client's best interest in mind, regarding the use or disclosure of health information. If disclosure is deemed necessary, it will be limited to information necessary to respond to the emergency.
- When we are required to disclose to a person authorized by federal, state, or local laws to have lawful access to client's treatment program.
- When necessary, to receive payment from a third party payer for services provided.
- Path to Awareness' staff is performing agency operations including, but not limited to: evaluating and improving staff and program effectiveness, staff supervision and consultation, meeting accreditation standards, and in connection with licensing, credentialing, or certification activities.
- When a client completes and signs an Authorization to Use and Disclose Protected Health Information Form for any individual or agency they wish their therapist to exchange information with. Disclosure authorizations can be revoked in writing at any time and will pertain to client's health information from that point on.
- When we are defending claims brought by a client against a clinician.

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Clients have these additional rights, with respect to their protected health information:

- To have records maintained in locked storage.
- To have any disposable paper correspondence containing client identification or protected health information shredded by Path to Awareness' office.
- To make a written request to have us communicate with them about their health information by alternative means, at an alternative location. Written requests must specify the alternative means and location. (An example would be if your primary language is not spoken at Path to Awareness, and we are treating a child of whom you have lawful custody.)
- To make a written request that we place other restrictions on the ways we use or disclose their health information. If we agree to these restrictions, we will abide by them in all situations except those which, in our professional judgment, constitute an emergency.
- To make a written request that we amend health information we have created regarding them. If we approve the written request, we will amend our records accordingly. We will also notify anyone else who may have received this information, and anyone else of client's choosing. If we deny a requested amendment, client can place a written statement in our records disagreeing with our denial of their request.
- You may make a written request that we provide you with a list of those occasions where we or our business associates disclosed your health information for purposes other than treatment, payment, or Path to Awareness' operations. This can go back as far as six years, but not before September 2008. If you request the accounting more than once in a 12 month period we may charge you a fee based on our actual costs of tabulating these disclosures.
- We will not use client health information in any Path to Awareness marketing, development, public relations, or related activities without client's written authorization.
- If you believe we have violated any of your privacy rights, or you disagree with a decision we have made about any of your rights in this notice, you may send a written complaint:
  - Path to Awareness, PC, 809 E Jackson St, Medford, OR 97504-6713
  - Path to Awareness, PC, PO Box 503010, White City, OR 97503-0813
- You may also submit a written complaint to the United States Department of Health and Human Services at:
  - Office of Mental Health Services  
Alcohol and Mental Health Division  
500 Summer St. N.E. E86  
Salem, OR 97301-1118

Patient Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_