

## Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

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

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

I may use or disclose your *protected health information* (PHI), for *treatment, payment, and health care operations* purposes only with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you and your health concerns.
- “Treatment, Payment and Health Care Operations”
  - *Treatment* is when I provide, coordinate or manage your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another counselor. I will only consult about your PHI *without* your written permission in cases of medical emergency. Treatment also includes psychotherapy, phone calls or written communications with you. Voice mails left by my clients are only accessed by me, and additionally only available to maintenance staff at Verizon Wireless. If you are undergoing a formal psychological assessment, my testing assistant will have access to your file to allow her to administer exams. She does not have access to treatment notes, create any reports, remove information from this office, or release any information to others.
  - *Payment* is when I obtain reimbursement. Examples of payment are when I disclose your PHI to Office Ally or Availity (electronic data interchanges) and they then send it on to your insurance company to obtain payment. You will have signed your permission for me to release information to your insurer on the client information form. My financial account is with First Interstate Bank and personal checks written to me for services are deposited there.
  - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations business-related matters such as audits and administrative services. This may include a receptionist or administrative assistant working for me who has been trained in HIPAA privacy practice. Your health record is kept on encrypted drives and is kept secure.
- “Use” applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
  - This office suite is utilized by my self and Shoshana Kerewsky, PsyD, LP. Each practitioner has locking file cabinets, and no practitioner can access the others’ voice mail accounts, emails, or client files. In the event of my incapacitation or death, a family member will provide to H. Brooks Morse, PhD, Licensed Psychologist the file cabinet key to allow for transfer to a new health care provider.
  - In periods of extended absence, such as vacations or illness I will have a licensed psychotherapist cover my practice. If you choose to contact this person, they will have your name, phone number, and will create a contact note that will be added to your health care file here. They will not have access to your health file.
- “Disclosure” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties. My consultation group is comprised of Brent Horner, PhD, LP, H. Brooks Morse, PhD, LP, and Anna E. Reichard, PhD, LP. I never share any client information that would be personally identifying (such as your name, occupation, address, etc.) with them, or with anyone else without your written permission. I may discuss particular circumstances to obtain ideas and resources to benefit your treatment. I may use or disclose PHI for other purposes when your written permission is obtained (such as for billing your insurance company). In instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain a written authorization from you before releasing this information. I will obtain in writing a specific release before ever releasing psychotherapy notes (in addition to a general mental health release). 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 (1) I have relied on and already used 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. If you wish to submit an authorization or to revoke an authorization, either call me at 541-514-5421 or write to me at P.O. Box 5341, Eugene, OR 97405. Please note that email is not a privileged (confidential) communication, even if you are emailing my Hushmail account, unless you have written me from your own encrypted account (for example, Gmail, yahoo, Hotmail are not secure). Non-secure emails can be demanded by subpoena for court cases. You may communicate with me via my portal, and these messages are encrypted and protected by HIPAA. To register for my portal go to: [www.jituzu.com/site/ntk/portal-1](http://www.jituzu.com/site/ntk/portal-1)

## II. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse, Adult and Domestic Abuse:** If there is a child abuse or elder abuse investigation, I may be compelled to turn over your relevant records under a court order issued by a judge.
- **Health Oversight:** The Oregon State Board of Psychology may subpoena relevant records from me should I be the subject of a complaint filed by you or on your behalf.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your assessment, diagnosis and treatment records with me, such information is protected (privileged) under state law, and I will not release the information without your written authorization, unless by a court order. This protection does not apply when our relationship is conducted solely for as an evaluation for a third party (such as Social Security Administration) and your psychological treatment is not part of our relationship. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** I may disclose confidential information when I determine that 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 must limit the disclosure of the otherwise confidential information to only the persons absolutely necessary (police, child protective services), and only to the minimum information needed to eliminate the threat.
- **Worker's Compensation:** If you file a worker's compensation claim, this process always constitutes an authorization for me to release your relevant mental health records to involved officials. This includes past symptoms or treatment of any condition similar to the claim.
- **Auto and Long-Term Disability policies:** If your treatment is being paid for by your automobile insurance policy or you are on long term disability benefits from your workplace, please expect that they will require your full health care file to approve reimbursement or to continue your benefits.
- **Patriot Act:** In the case of threats to the President or issues of national security, PHI may be shared. This is an uncommon event and has never been a request in my years of practice.

## III. Business Associates

In the course of operating a business, there are several other businesses that contribute to its smooth operation. These are *Business Associates* and all must sign an agreement as to managing your private health care information (e.g., such as your identity) in a confidential manner that meets HIPAA requirements. My business partners include:

- **Availity and Office Ally:** HIPAA compliant health insurance billing platforms
- **Comcast:** Internet service provider
- **Designated official:** In the event of my death, H. Brooks Morse, PhD, LP will contact clients, provide referrals, and manage my files
- **Hushmail:** email provider with encryption option
- **Jituzu:** portal and scheduling platform will have your name and contact information
- **Oregon Community Credit Union:** where any checks that you write are deposited to my business account
- **Pearson Clinical and PAR:** provide online tests and scoring for assessments
- **Square:** If you are charging a credit or debit card it will have your name linked to this business

- **SRFax:** HIPAA compliant internet fax service
- **Verizon:** phone and voice mail service for business

## IV. Patient's Rights and Psychologist's Duties

### Patient's Rights:

- *Right to Request Restrictions* – You have the right to request special restrictions on uses and disclosures of your protected health information. However, I am not required to agree to the restriction that you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the 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 Inspect and Copy* – You have the right to inspect and/or obtain a copy of the PHI in my mental health and billing records that is used to make decisions about you for as long as the PHI is maintained in the record. I am allowed 30 days to provide this to you. I may deny your access to your psychotherapy notes under certain circumstances, but you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment (addition of clarifying information) of PHI for as long as the PHI is maintained in the record. I may deny your request if the amendment includes a large amount of information. Upon your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of this process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to receive the notice electronically.

### Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I am required by law to notify you if I inadvertently disclose your PHI. Examples of this include if I were to fax your information to the wrong number or if I kept your PHI in internet cloud storage and the server was hacked
- 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 a copy of the revised notice to all current clients (seen within the last 60 days) either in person or by US mail to the last address provided.

## V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I have made about access to your records, I encourage you to talk with me directly. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I will provide you with the appropriate address upon request.

## VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice was originally published May 1, 2009. This current edition takes effect on August 28, 2020.

I will limit the uses or disclosures that I will make to areas previously listed in this notice. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice within four weeks from date of changes.

My signature below confirms that I have been offered a copy of this notice.

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Signature

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Date