

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. Your health Information Uses and Disclosures for Treatment, Payment, and Health Care Operations

Each time you visit The Center at Heron Hill for health/mental healthcare, a record of your treatment is made. This record contains such information as registration information, including identification and billing information, and treatment information, including symptoms, diagnoses, test results, and treatment plans. This record is referred to as your “medical record” or “health information,” and includes both written and electronic records.

Under the Health Insurance Portability and Accountability Act of 1996 (a Federal Law also known as “HIPAA”), providers at The Center at Heron Hill are required to keep your information confidential and to provide you with notice of our legal responsibilities and privacy practices. To help clarify these terms, here are some definitions:

“PHI” refers to *protected health information*, information in your health record that could identify you.

- “*Treatment, Payment and Health Care Operations*”
 - Treatment* is the provision, coordination or management of your healthcare and other services related to your health care.
 - Payment* is when reimbursement is obtained for your healthcare.
 - Healthcare Operations* are activities that relate to the performance and operation of The Center at Heron Hill.
- “*Use*” applies to activities within The Center at Heron Hill such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. Your health care information is used:
 - To plan for your care and treatment
 - For communication among your health care professional
 - As a legal document describing the care you received
 - As a way for you or your insurance company to verify the services provide
 - For other similar activities that allow The Center at Heron Hill providers to operate efficiently and provide you with quality care.
- “*Disclosure*” applies to activities outside of The Center at Heron Hill such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Your clinician may use or disclose 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 information is sought for purposes outside of treatment, payment and healthcare operations, an authorization will also be requested from you before releasing this information. An authorization will also be requested from you before releasing your Psychotherapy notes. “*Psychotherapy notes*” are notes made about conversations during an individual, group, joint, or family counseling session. 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) The Center at Heron Hill has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insure the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Your PHI may be released without your consent or authorization in the following circumstances:

- **Treatment:** The Center at Heron Hill providers may disclose your health information by phone, letter, fax, or computer to people not affiliated with The Center at Heron Hill who are involved in your medical care, such as your primary physician or a home health agency. An example of treatment would be when your clinician consults with another health care provider, such as your family physician or another clinician.
- **Payment:** The Center at Heron Hill may need to give your health insurance plan information about your treatment in order to receive payment. The Center at Heron Hill may also tell your health insurance plan about treatment to obtain approval or to determine whether your plan will pay for treatment. The Center at Heron Hill may bill the person in your family who is responsible for payment of who pays for your health insurance.
- **Health Care Operations:** The Center at Heron Hill may use your health information for administrative activities, or for accreditation, certification, or licensing purposes. Your health information may be used to review the performance of The Center at Heron Hill providers involved in your care. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- **Health Oversight:** The Center at Heron Hill providers may disclose health information to agencies that monitor our compliance with state and federal law.
- **Judicial or administrative proceedings:** If you are involved in a court proceeding, a lawsuit, or dispute, The Center at Heron Hill providers may disclose health information about you in response to a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance, if this is the case.
- **Appointment Reminders/ Additional Communications:** Providers at the Center at Heron Hill may use your health information to call you or send you a letter reminding you of an upcoming appointment. The Center at Heron Hill may also use your information to call or send you the results of tests or to give you other health communications.
- **Child Abuse:** If there is reasonable cause to suspect that a child seen in the course of professional duties has been abused or neglected, or have reason to believe that a child seen in the course of professional duties has been threatened with abuse or neglect, and that abuse or neglect of the child will occur, clinicians at The Center at Heron Hill must report this to the relevant county department, child welfare agency, police, or sheriff’s department. Investigations by relevant county department, child welfare agencies, police or sheriff’s department may result in request for treatment records and subsequent disclosure of PHI, including progress notes, to any agency investigating child abuse/neglect.

- **Adult and Domestic Abuse:** If your clinician believes that an elder person has been abused or neglected, such information may be reported to the relevant county department or state official of the long-term care ombudsman.
- **Serious Threat to Health or Safety:** The Center at Heron Hill may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of others. Clinicians at The Center at Heron Hill must warn the third party and/or take steps to protect you, which may include instituting commitment proceedings.
- **Workers Compensation:** IF you file a worker's compensation claim, your records relevant to that claim to your employer or its insurer may be required to be released and your clinician(s) may be required to testify.

IV. Patients Rights and Duties of The Center at Heron Hill Care Providers

Patients Rights:

- **Right to an Accounting of Disclosure-** You generally have the right to receive an accounting of disclosures of PHI. This list will not include: Disclosures made to carry out treatment, payment and health care operations; Disclosures made to you; Disclosures made with your authorization; Disclosures made six years or more before the date your request is received. To request and accounting of disclosures, make your request in writing to the Director at The Center at Heron Hill.
- **Right to a paper copy-** You have the right to obtain a paper copy of the most current Notices or Privacy Practices upon request within a reasonable amount of time, even if you have agreed to receive the notice electronically.

The Center at Heron Hill Duties:

- Treatment providers are required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- The Center at Heron Hill reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, providers at The Center at Heron Hill are required to abide by the terms currently in effect.

If policies and procedures are modified, you will be informed and provided a copy of the new practices if you request.

V. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on May 1, 2016

The Center at Heron Hill reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI maintained and will provide you with a revised notice when changes are made.

VI. Complaint and Grievance Information

All clients receiving services at Alliance Counseling or the parent or guardian of individuals receiving services may file a grievance with the provider, the individuals managed care plan or the Division.

A Grievance Process Notice shall be posted in a conspicuous place stating the telephone numbers of (1) The Division and (2) CMHP (3) Disability Rights of Oregon (4) The Individuals CCO.

The following further outline to process and procedure for Grievances and Complaints:

(A) Expedited Grievances: In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures outlined in these rules are completed, the individual, or guardian of the individual, may request an expedited review. The program administrator must review and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response must include information about the appeal process.

(B) Retaliation: A grievant, witness or staff member of a provider must not be subject to retaliation by a provider for making a report or being interviewed about a grievance or being a witness. Retaliation may include, but is not limited to, dismissal or harassment, reduction in services, wages or benefits, or basing service or a performance review on the action.

(C) Immunity: The grievant is immune from any civil or criminal liability with respect to the making or content of a grievance made in good faith.

(D) Appeals: Individuals and their legal guardians, as applicable, must have the right to appeal entry, transfer and grievance decisions as follows:

(1) If the individual or guardian, if applicable, is not satisfied with the decision, the individual or guardian may file an appeal in writing within ten working days of the date of the program administrator's response to the grievance or notification of denial for services as applicable. The appeal must be submitted to the CMHP Director in the county where the provider is located or to the Division as applicable;

(2) If requested, program staff must be available to assist the individual;

(3) The CMHP Director or Division, must provide a written response within ten working days of the receipt of the appeal; and

(4) If the individual or guardian, if applicable, is not satisfied with the appeal decision, he or she may file a second appeal in writing within ten working days of the date of the written response to the Director.

Complaints: If you are concerned that privacy rights have been violated, or if you disagree with a decision made about access to your records, you may contact the Clinic Director, Joyce Korschgen, LPC and discuss your concerns. In addition, you may also send a written complaint to the Oregon Health Authority, 800 NE Oregon Street, Portland, OR 97232 800 NE Oregon Street. If you file a complaint, you will not be punished, threatened, harassed, retaliated against, or subjected in any way to any negative consequences.

Contact Information: If you have any questions or concerns regarding the information in this notice please contact:

Joyce Korschgen, LPC, EAGALA Director , 22018 S Central Point Road, Canby, OR 97013 503-221-4531

Client Signature: _____

Date: _____