

Bridget Fanning-Ono, Psy.D. – Licensed Psychologist
1020 SW Taylor Street, Suite 245
Portland, OR 97205

Oregon Notice Form: Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

Effective Date April 14, 2003

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, or health care operations purposes with your consent. In accordance with state law and ethical standards for the practice of psychology, my practice may, in certain cases, follow more restrictive practices concerning your privacy than the HIPAA regulations outline. To help clarify terms relevant to HIPAA regulations, here are some definitions:

“**PHI**” (Protected Health Information) refers to individually identifiable health information. PHI includes any identifiable health information received or created by my office or me. Health information is information in any form that relates to any past, present, or future health of an individual.

“**Treatment, Payment and Health Care Operations**”

“**Treatment**” is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.

“**Payment**” is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. HIPAA regulations permit PHI to be used by health insurers for the purposes they define as relevant to their payment and healthcare operations. Please review the Privacy Practices Notices for your health insurers.

“**Health Care Operations**” are activities that relate to the performance and operation of my practice. 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.

“**Use**” applies only to activities within my practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“**Disclosure**” applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Specific Written Authorization

I may use or disclose PHI for purposes *outside* of treatment, payment, and health care operations when your appropriate *written authorization* is obtained. An “*authorization*” is written permission *above and beyond the general consent* that permits only *specific disclosures*. In those 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 also need to obtain written authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

Additionally, if I have HIV or substance abuse information about you, I cannot release that information without a special, signed, written authorization from you that complies with the law governing HIV or substance abuse records.

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) I have relied on 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.

III. Uses and Disclosures Permitted with Neither Consent Nor Authorization

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

Child Abuse: If I have reasonable cause to believe that a child with whom I have had contact has been abused, I may be required to report the abuse. Additionally, if I have reasonable cause to believe that an adult with whom I have had contact has abused a child, I may be required to report the abuse. In any child abuse investigation, I may be compelled to turn over PHI. Regardless of whether I am required to disclose PHI or to release documents, I also have an ethical obligation to prevent harm to my patients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.

Mentally Ill or Developmentally Disabled Adults: If I have a reasonable cause to believe that a mentally ill or developmentally disabled adult, who receives services from a community program or facility has been abused, I may be required to report the abuse. Additionally, if I have reasonable cause to believe that any person with whom I have come into contact has abused a mentally ill or developmentally disabled adult, I may be required to report the abuse. In any investigation pertaining to the alleged abuse of a mentally ill or developmentally disabled adult, I may be compelled to turn over PHI. Regardless of whether I am required to disclose PHI or to release documents, I also have an ethical obligation to prevent harm to my patients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.

Other Abuse: I may have an ethical obligation to disclose your PHI to prevent harm to you or others.

Serious Threat to Health or Safety: I may disclose confidential information when I judge 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 disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems.

Health Oversight: The Oregon State Board of Psychologist Examiners may subpoena relevant records from me should I be the subject of a complaint.

Judicial or Administrative Proceedings: Your PHI may become subject to disclosure if any of the following occur:

1. If you become involved in a lawsuit and your mental condition is the element in the claim, or
2. A court orders your PHI to be released or orders your mental evaluation.

Worker's Compensation: If you file a worker's compensation claim, this constitutes authorization for me to release your relevant mental health records to involved parties and officials. This would include a past history of complaints or treatment of a condition similar to that involved in the worker's compensation claim.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to your request for restrictions. To request restrictions, you may advise me in writing of specific limitations or restrictions you want to place on my use of your health information for treatment, payment, or healthcare operations.

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. To request alternative means or alternative locations for the communication of confidential communication of PHI, you may advise me in writing of specific limitations of restrictions you want placed on my communications with you. Your request must specify how or where you wish for communication to occur.

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of your PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. You do not have the right to inspect and/or copy psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. You must submit a written request to me in order to inspect or copy your health information. If you request a copy of the information, I may charge a fee for the costs of copying, mailing, or other associated supplies. I will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. I may deny your access to PHI under certain circumstances. If you are denied access to your health information, you may ask

that the denial be reviewed. In some cases, a review is required by law. On your request, I will discuss with you the details of the request and denial process.

Right to Amend – If you believe the PHI I have about you is incorrect or incomplete, you may request that I amend the information for as long as the PHI is maintained in the record. To request an amendment, complete and submit a clear statement of the amendment you request to me. I may deny your request. On 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 for which you have neither provided consent nor authorization (as described in Section III of this Notice). Your request must be in writing and must state a time period, which may not be longer than seven years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, I may charge you for the costs of providing the list.

Right to a Paper Copy – You have the right to obtain an additional paper copy of this notice from me upon request.

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 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 post a summary of the current privacy notice with its effective date shown clearly at the top. You are entitled to a copy of the notice currently in effect.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may make your complaint known by notifying me by phone: Bridget Fanning-Ono, Psy.D. 503.544.1868 or in writing by mail:

Bridget Fanning-Ono, Psy.D.
Licensed Psychologist
1020 SW Taylor Street, Suite 245
Portland, OR 97205

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at the following address:

Office for Civil Rights
U.S. Department of Health and Human Services
2201 Sixth Avenue--Suite 900
Seattle, Washington 98121-1831

Voice Phone (206) 615-2287. FAX (206) 615-2297. TDD (206) 615-2296.

To submit a complaint by e-mail send to: OCRCComplaint@hhs.gov.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice has been in effect since April 14, 2003.

In accordance with state laws and with ethical standards of the practice of psychology, I will limit the uses or disclosures I will make about your PHI in certain additional ways above and beyond those required by HIPAA. These are outlined in the Informed Consent for Treatment form. If I make revisions to practices outlined in the Informed Consent for Treatment form, I will post a revised notice summarizing the revisions and clearly stating the effective date of these revisions. You also have a right to a paper copy of the revisions upon request.