

Effective Date: January 1, 2010

AKOTS and FREDERICK, P.C.
10200 SW Eastridge Street, Suite 101
Portland, Oregon 97225

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES OUR POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION.

PLEASE REVIEW IT CAREFULLY. If you have any questions about this notice, please contact Dr. Normund Akots at 503-292-9183.

YOUR HEALTH INFORMATION

This notice applies to you, or your child's Protected Health Information (PHI). PHI refers to individually identifiable health information and includes any identifiable health information created by your psychologist or our office. Health information is information in any form that relates any past, present or future health of an individual.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose PHI about you and describes your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use or disclose confidential information (including but not limited to PHI) for purposes of treatment, payment and healthcare operations when your written informed consent is obtained. This informed consent agreement is included in our initial paperwork.

We may use or disclose PHI for purposes outside of treatment, payment and healthcare operations only when your appropriate **written** authorization is obtained. You may revoke that authorization, **in writing**, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

- **For Treatment** We may use and disclose PHI to provide you with clinical treatment or services. We may disclose PHI about you to your other health care providers, such as your primary care physician or referring physician.
- **For Payment** We may use and disclose PHI so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party.
- **For Health Care Operations** We may use and disclose PHI in order to run the office and make sure that you receive quality care. We may contact you to schedule appointments or to discuss issues with payment for the psychological services you receive. Please notify us if you do not wish to be contacted by our office. If you advise us **in writing** at the address listed at the top of this Notice, we will not disclose your information for these purposes.

In the event of disability or death of your psychologist, another psychologist from our office will help you continue treatment and will manage your records.

SPECIAL SITUATIONS

We may use or disclose PHI about you for the following purposes, subject to all applicable legal requirements and limitations:

- **To Avert a Serious Threat to Health or Safety** If there is clear and imminent danger of you harming yourself or someone else, your psychologist may alert the authorities, family members or persons at risk. We have an ethical obligation to disclose PHI to prevent harm to you or to others.
- **Child Abuse** If we have reasonable cause to believe that a child with whom we have had contact has been abused, we may be required to report the abuse. Additionally, if we have reasonable cause to believe that an adult with whom we have had contact has abused a child, we may be required to report the abuse. In any child abuse investigation, we may be compelled to turn over PHI. Regardless of whether we are required to disclose PHI or to release documents, we also have an ethical obligation to prevent harm to all our patients and to others. We will use our professional judgment to determine when it is appropriate to disclose PHI to prevent harm.
- **Mentally ill or Developmentally disabled adults** If we have reasonable cause to believe that a mentally ill or developmentally disabled adult, who receives services from a community program or facility has been abused, we may be required to report the abuse. Additionally, if we have reasonable cause to believe that any person with whom we come into contact has abused a mentally ill or developmentally disabled adult, we may be required to report the abuse.

Regardless of whether we are required to disclose PHI or to release documents, we also have an ethical obligation to prevent harm to our patients and others. We will use our professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.

- **Workers' Compensation** We may release PHI about you for workers' claims. This would include a past history of complaints or treatment of a condition similar to that involved in the worker's compensation claim.
- **Judicial or Administrative Proceedings** Your PHI may become subject to disclosure if (1) you become involved in a lawsuit and your mental or emotional condition is an element of your claim, or (2) a court orders your PHI released or orders your mental evaluation
- **Required by Law** We will disclose PHI about you when required to do so by federal, state or local law.
- **Law Enforcement** We may release PHI if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- **Military, Veterans, National Securing and Intelligence** If you are or were a member of the armed forces or part of the national security or intelligence communities, we may be required by military command or other government authorities to release PHI about you. We may also release information about foreign military personnel to the appropriate foreign military authority.
- **Research** We may use and disclose PHI about you for research projects that are subject to a special approval process.
- **Information Not Personally Identifiable** We may use or disclose PHI about you in a way that does not personally identify you or reveal who you are. We may consult with colleagues about our work without identifying personal information about you.
- **Family and Friends** In situations where you are not capable of giving consent, because you are not present or due to your incapacity or a medical emergency, we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only PHI that is necessary and relevant to the person's involvement in your care in the immediate situation.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding PHI we maintain about you:

- **Right to Inspect and Copy** You have the right to inspect and request a copy of your PHI. You must submit a written request to your psychologist in order to inspect and/or copy records of your PHI. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies.

We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied copies of or access to PHI that we keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

- **Right to Amend** If you believe PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a CLINICAL RECORD AMENDMENT/CORRECTION FORM to your psychologist. We will provide this form to you upon request. We may deny your request for an amendment if your request is not **in writing** or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. We did not create, unless the person or entity that created the information is no longer available to make the amendment
2. Is not part of the PHI that we keep
3. You would not be permitted to inspect and copy
4. Is accurate and complete

- **Right to an Accounting of Disclosures** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your PHI for purposes other than treatment, payment or health care operations, special situations, or based on your written authorization. Your request may

To obtain this list, you must submit your request **in writing** to your psychologist. It must state a time period, which may not be longer than six 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, we may charge you for the costs of providing the list.

- **Right to Request Restrictions** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to

provide you emergency treatment. To request restrictions, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF CLINICAL INFORMATION to your psychologist. We will provide this form to you upon request.

- **Right to Request Confidential Communications** You have the right to request that we communicate with you about clinical matters in a certain way or at a certain locations. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF CLINICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to your psychologist. We will provide this form to you upon request. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice** You have the right to a paper copy of this notice. To obtain such a copy, ask your psychologist.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and to make the revised or change notice effective for clinical information we already have about you as well as any information we receive in the future. We will provide you with a revised notice by posting a copy in our office.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact your psychologist. **You will not be penalized for filing a complaint.**

We subscribe to the Revised Ethical principles of the American Psychological Association, which can be made available for your inspection. If you should ever have serious concerns or grievances that are not resolved with your psychologist directly, you may call the Oregon Psychological Association Ethics Committee or the Board of Psychologist Examiners.