



Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

This notice applies to NW Counseling Associates, LLC and each of its associated health care providers, which collectively form an organized health care arrangement. This means that NW Counseling Associates and its associated health care providers may share your health information between each other as described in this notice and as authorized by you. This notice contains additional details about how your information may be shared below.

All communications regarding your rights or this notice may be directed to:

NW Counseling Associates, LLC
 Attn: Privacy Officer
 3000 NE Stucki Avenue, Suite 150
 Hillsboro, OR 97123
 o: 503.444.8230 | f: 503.295.4036

Your Right	Your Choices	Our Uses and Disclosures
<p>You have the right to:</p> <ul style="list-style-type: none"> • Get a copy of your paper or electronic health record • Correct your paper or electronic health record • Request confidential communication • Ask us to limit the information we share • Get a list of those with whom we've shared your information • Get a copy of this privacy notice • Choose someone to act for you • File a complaint if you believe your privacy rights have been violated 	<p>You have some choices in the way that we use and share information as we:</p> <ul style="list-style-type: none"> • Tell family and friends about your condition • Provide mental health care • Market our services 	<p>We may use and share your health information as we:</p> <ul style="list-style-type: none"> • Treat you • Run our organization • Bill for services provided to you • Help with public health and safety issues • Comply with the law or address government requests • Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your health record

- You can ask to see or get an electronic or paper copy of your health record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your health record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, via your home or office phone) or to send mail or email to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request and we may say “no” if it would affect your care.
- With certain sensitive mental health information, we may not be able to use or share that information for payment or operations without your written authorization to do so. Due to the integrated nature of NW Counseling Associates and its independent practitioners, we will ask you for this authorization, but you may refuse to grant us this authorization or you may revoke an authorization that you have previously granted to us.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (an accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1 of this notice.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. You can file a complaint with the Oregon Department of Human Services by sending a letter to the Governor’s Advocacy Office at 500 Summer St. NE, E17, Salem, OR 97301-1097, or calling 1-800-442-5238.
- You can file a complaint with the Oregon Board of Licensed and Professional Counselors by completing an online form found here <https://www.oregon.gov/oblpc/Pages/Complaint.aspx> or sending a letter to 3218 Pringle Rd. SE, Suite 120, Salem, OR 97302.
- You can file a complaint with the Oregon Board of Licensed Social Workers by completing a form found here <https://www.oregon.gov/blsw/Documents/2020ComplaintPacket.pdf> and mailing it to 3218 Pringle Road, SE; Salem, OR 97302-6310.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to share information with your family, close friends, or others involved in your care.

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

In these cases, we may not be able to share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

There are special rules for certain mental health information called “psychotherapy notes.” Psychotherapy notes means notes recorded (in any medium) by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Specifically, we may not be able to share psychotherapy notes without your written permission except for:

- Use by the originator of the psychotherapy notes for treatment
- Use or disclosure by your provider for its own training programs
- Use or disclosure by your provider to defend itself in a legal action or other proceeding

In order to provide you joint treatment, to provide you access to the independent practitioners on nights and weekends or in emergencies, to improve the quality of care provided at NW Counseling Associates and to facilitate operations, we will ask for your permission to disclose your mental health information, including any psychotherapy notes, between NW Counseling Associates and its independent practitioners. Even with your authorization, we will not disclose any more of your mental health information than the minimum amount necessary.

Our Uses and Disclosures

We typically use or share your health information in the following ways.

- **Treat you:** We can use your health information and share it with other professionals who are treating you.

Example: If you see multiple health care providers through NW Counseling Associates, those providers will be able to share your health information to coordinate treatment.

- **Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you, such as when you have an appointment scheduled or your diagnosis, to manage your treatment and services.

- **Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for the services you receive from NW Counseling Associates.

How do we typically use or share certain mental health information?

Because there are special rules regarding the use and disclosure of certain mental health information, including psychotherapy notes, we will use or disclose certain mental health information as you authorize us.

Example: Upon intake, you sign a form authorizing NW Counseling Associates and any of its independent practitioners to disclose your mental health information as necessary for treatment, payment, and operations. Later, when you have an emergency and need to see a different counselor through NW Counseling Associates than you would usually see, your usual counselor can disclose your mental health information to this different counselor so that you can receive treatment.

Example: Upon intake, you sign a form authorizing NW Counseling Associates and any of its independent practitioners to disclose your mental health information as necessary for treatment, payment, and operations. Later, if NW Counseling Associates determines that it needs certain mental health information in order to secure payment for the services provided to you, your counselor can disclose this information to NW Counseling Associates which can then disclose this information as necessary to secure payment.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Preventing disease

Comply with the law

We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we're complying with federal privacy law, as well as with the Oregon Department of Human Services, or such other state agency with appropriate authority, if it wants to see that we're complying with state law.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies, if necessary.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and in our office.

Effective Date of this Notice

August 21, 2020