

Suzanne M Elton LPC  
304 E 4<sup>th</sup> St. The Dalles, OR 97058  
503-828-7878

### HIPPA NOTICE OF PRIVACY PRACTICES

**I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.** Suzanne M Elton LPC is required by HIPAA to provide a document that explains to potential clients how your confidential information is/will be handled. This notice goes into effect March 18, 2019. Your information will be released in accordance with the state and federal laws and the ethics of the counseling profession. This notice describes policies related to the use and disclosure of the client's healthcare information.

**USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR THE PURPOSES OF PROVIDING SERVICES.** Your protected health information may be used for providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

**TREATMENT:** During the course of treatment, your health information may be disclosed for the following;

- To provide, manage or coordinate care with another professional including counselors, therapists, physicians
- If a consultation with a professional is warranted
- When it is determined that there needs to be a referral

**PAYMENT:** Use and disclosure of health information in the course of payment services:

- Verify insurance and coverage
- Process claims and collect fees

**HEALTHCARE OPERATIONS:** Use and disclosure of health information for:

- Review of treatment procedures
- Review of business activities
- Certification
- Staff training
- Compliance and licensing activities

**OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT:**

- Mandated reporting
- In the case of emergencies
- Criminal damage
- Appointment scheduling
- Treatment alternatives

- As required by law

## **CLIENT RIGHTS**

### **You have the following rights:**

#### **Right to request where we contact you.**

- Home, work, cell phone, e-mail, text

#### **Right to release your medical records.**

- Please provide written authorization to release records to others.
- You have the right to revoke release in writing.
- Revocation is not valid to the extent that you have acted in reliance on such previous authorization.

#### **Right to inspect and copy your medical billing records:**

- You have the right to inspect and copy records.
- Counselor may deny this request/
- You may ask to know the charges for copying, mailing, etc.

#### **Right to add information or amend your medical records:**

- You may request to amend record.
- Counselor may deny the request.
- If denied, you have the right to file disagreement statement.
- Disagreement statement/request will be filed in record.
- Amendment request must be in writing.

#### **Right to Accounting disclosures;**

- You have the right to know accounting disclosures for a six-year period beginning with date the counselor came into compliance.
- Exceptions:
  - Disclosure for treatment, payment or healthcare operations
  - Disclosures pursuant to a signed release
  - Disclosure made to client
  - Disclosures for national security or law enforcement

#### **Right to request restrictions on uses and disclosures of your healthcare information:**

- Request must be in writing.
- You may request copies of any future changes.

#### **Right to complain:**

- Please contact Suzanne M Elton prior to complaint
- If not satisfied, you have the right to complain to the US Dept of Health and Human Services
- There will be no retaliation if you do so.

**Right to receive changes in policy:**

- You may request any future changes in policy.
- Make your request to privacy officer (Suzanne M Elton)

This notice went into effect on March 18, 2019

**I acknowledge receipt of this notice**

Patient

Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature:

\_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date:

\_\_\_\_\_