

## **Notice of Privacy Practices**

This notice describes how protected health information may be used and disclosed and how you may obtain access to this information. Please review this notice carefully.

Your health record contains personal information about you and your health. The information about you that relates to your physical and/or mental health condition is referred to as Private Health Information (PHI).

For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with a clinical colleague if it is needed for provision of optimal treatment. Otherwise, your PHI is not released unless you provide authorization to do so. In the event that I become incapacitated to continue our contract, I will have a designated colleague contact you to arrange counseling services.

For Payment: Your PHI may be disclosed so that I can receive payment for the services provided to you; this is usually the insurance company.

For Business Operations: Your PHI may be disclosed with third parties that perform various business activities (eg; for billing services) as long as there is a written contract with the business that requires it to safeguard the privacy of your PHI.

Required by Law: Under the law, I must make disclosures of your PHI to you upon your request. There are certain situations under the law which requires me to disclose information without your authorization; this includes mandated reporting of child abuse or neglect, elder abuse or neglect, mandatory government agency audits or investigations, and if a judge court orders information. Additionally, information will be disclosed to prevent or lessen a serious and imminent threat to the safety of a person or the public.

I acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices. I understand that if I have any questions regarding this notice or my privacy rights, I can address them with my treating therapist or I may contact the Oregon Board of Licensed Social Workers at 866.355.7050 or 3218 Pringle Road SE Suite 240, Salem, OR 97302.

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Signature of Client

Date \_\_\_\_\_