

HIPAA Notice of Privacy Practices

Thera-volve, LLC

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Date effective: 11/11/2014

This notice describes how clinical information about you may be used and disclosed and how you can get access to this information

Please review it carefully.

Who Will Follow This Notice. This notice describes the information privacy practices followed by Thera-volve, LLC.

Your Health Information. This notice applies to the information and records Thera-volve has about your health, health status and the health care and services you receive at the Thera-volve office. Your health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions and similar types of health-related information.

How May Thera-volve Use & Disclose Health Information About You. Thera-volve may use and disclose health information for the following purposes:

- **For treatment:** Thera-volve may use health information about you to provide you with critical treatment or services. Thera-volve may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. Thera-volve may share information about you and disclose information to people who do not work in the Thera-volve office in order to coordinate your care, for instance clinical supervision of the registered intern. Family members and other health care providers may be part of your clinical care outside this office and may require information that Thera-volve has.
- **For substance abuse:** Federal and state law require your written consent each time Thera-volve releases health information. The consent will specify who is to receive the information, the purpose of the release of information and the time period after which the consent will terminate. You may modify or revoke a consent at any time.

Special Situations. Thera-volve may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations.

- **To avert a serious threat to health or safety:** Thera-volve may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person.
- **Required by law:** Thera-volve will disclose health information about you when required to do so by federal, state or local law.
- **Military, veterans, national security and intelligence:** If you are or were a member of the armed forces, or part of the national security or intelligence communities, Thera-volve may be required by military command or other government authorities to release health information about you. Thera-volve may also release information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation:** Thera-volve may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

- **Public health risks:** Thera-volve may disclose health information about you for public health reasons in order to prevent or control diseases, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medicines or problems with products.
- **Health oversight activities:** Thera-volve may disclose health information to a health oversight agency of audits, investigations, inspections or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs and compliance with civil rights laws.
- **Lawsuits and disputes:** If you are involved in a lawsuit or dispute, Thera-volve may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, Thera-volve may also disclose health information about you in response to a subpoena.
- **Information not personally identifiable:** Thera-volve may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- **Family and friends:** Thera-volve may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such disclosures and you do not raise an objection. Thera-volve may also disclose health information to your family or friends if we can infer from the circumstances (based on our professional judgment) that you would not object. In situations where you are not capable of giving consent (because you are not present, or due to your incapacity, or medical emergency), Thera-volve may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, Thera-volve will disclose only health information relevant to the person's involvement in your care.

Other Uses and Disclosures of Health Information. Thera-volve will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific written authorization. If you give Thera-volve authorization to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, Thera-volve will no longer use or disclose information about you for the reasons covered by your written authorization, but Thera-volve cannot take back any uses or disclosures already made with your permission. In some instances, Thera-volve may need specific written authorization from you in order to disclose certain types of specially protected information such as HIV, substance and mental health information.

Your Rights Regarding Health Information About You. You have the following rights regarding health information Thera-volve maintains about you:

- **Right to inspect and copy:** You have the right to inspect and copy your health information. You must submit a written request to Thera-volve in order to inspect and/or copy records of your health information. If you request a copy of the information, you may be charged a fee for the costs of copying, mailing, or other associated supplies.
- **Right to amend:** If you believe the health information that Thera-volve has about you is incorrect or incomplete, you may ask Thera-volve to amend the information. You have the right to request an amendment as long as the information is kept by Thera-volve office. To request an amendment, complete and submit a *Clinical Record Amendment and Correction Form*. Thera-volve 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, Thera-volve may deny your request if we are asked to amend information that: 1. Thera-volve 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 health information the Thera-volve keeps. 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 made of clinical information about you for purposes other than treatment, payment, health care operations and a limited number of special circumstances involving national security, correctional institutions and law enforcement. The list will also exclude any disclosures based on your written authorization. To obtain this list you must submit your request in writing. It must state a time period, which may not be longer

than six years and may not include dates before May 1, 2003. Your request should indicate in what form you want the list (on paper, electronically, etc.)

- **Right to request restrictions:** You have the right to request a restriction or limitation on the health information used or disclosed about you for treatment, payment or health care operations. You also have the right to request a limit on the health information disclosed about you to someone (such as a family member or friend) who is involved in your care or the payment for it. Thera-volve is not required to agree to your request. If Thera-volve does 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 Restrictions on Use/Disclosure of Clinical Information Form to Thera-volve.
- **Right to request confidential communications:** You have the right to request that Thera-volve communicate with you about clinical matters in a certain way or at a certain location. For example, you can ask that Thera-volve 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 Form to Thera-volve. Thera-volve will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Changes To This Notice Thera-volve reserves the right to change this notice and to make the revised or changed notice effective for clinical information we already have about you – as well as any information we receive in the future. Thera-volve will post a summary of the current notice in the office with its effective date in the top right-hand corner. You are entitled to a copy of the notice currently in effect.

Complaints If you believe your privacy rights have been violated, you may file a complaint with Thera-volve or with the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling 202-619-0257. To file a complaint with Thera-volve, call 971-264-4505. You will not be penalized for filing a complaint.

Contact Officer: Shanna Severn, LPC, M.S., NCC 30150 SW Parkway Ave. Suite 300, Wilsonville, OR 97070 or call 971-264-4505. *This form is educational only, does not constitute legal advice, and covers only federal, not state, law.*