

WILD PINE WELLNESS LLC

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541-904-0403

EFFECTIVE DATE OF THIS NOTICE: 6/1/2021, revised on 3/3/2022

NOTICE OF PRIVACY PRACTICES:

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. Use and disclosure of protected health information is for the purpose of providing services. I only release information in accordance with state and federal laws and the ethics of the counseling profession. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Health Care Operations: Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. Federal privacy rules allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of a health care provider. This too can be done without your written authorization. For example, if I were to consult with another licensed health care provider about your condition, I

would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the provider in diagnosis and treatment of your mental health condition. Another example is your personal health information, such as diagnosis, is included in billing claims to insurance in order to receive payment for services.

Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers sometimes need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Other Uses: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. As a mandatory reporter, I may disclose personal health information as a result of disclosures of abuse or if there was a medical emergency.

III. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety
3. Responding to an investigation or audit conducted by a health oversight agency
4. Responding to lawsuits and legal actions
5. Complying with court or administrative orders, or in response to a subpoena
6. For law enforcement purposes
7. To coroners or medical examiners
8. Conducting research
9. Scheduling an interpreter for you
10. In the event of a disaster
11. To correctional facilities as necessary for your care
12. For workers’ compensation purposes
13. For national security or to protect the President
14. Appointment reminders and health related benefits or services

IV. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You may request to limit how I use or share your information. You must ask in writing. I may not legally be required to agree to your request.

2. The Right to Choose How I Send PHI to You. You may request that you be contacted in a certain way or in a certain place. I will agree to all reasonable requests.
3. The Right to See and Get Copies of Your PHI. You have the right to get an electronic or paper copy of your medical record. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, and I may charge a reasonable, cost-based fee for doing so.
4. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures and the list I will give you will include disclosures made in the last six years unless you request a shorter time.
5. The Right to Correct or Update Your PHI. You may ask to amend your health information in your medical or billing records with a written request. I may not agree to these changes in certain situations.
6. The Right to Revoke your Written Authorization. You have the right to revoke your authorization for disclosure if you provide written request. Keep in mind, I can't take back any PHI or other information that has already been shared.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this Notice electronically. You have the right to request and receive an updated copy if edits have been made to this Notice.
8. The Right to File a Privacy Complaint. If you do not agree with how I used or disclosed health information about you, you have the right to file a complaint. You will not be punished and your care will not be affected. To file a privacy complaint, please contact the U.S. Dept of Health and Human Services, Phone: (206) 615-2290.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.