

# childneuropsychologypc

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## **YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITY - HIPAA**

This notice (effective January 1, 2019) describes policies associated with the Health Information Portability and Accountability Act or HIPAA, information which we are required to give you by law. It reviews guidelines under HIPAA for how medical information about you may be used and disclosed and how you can get access to this information. However, as psychologists, we adhere to the Ethical Principles of Psychologists and Code of Conduct (<https://www.apa.org/ethics/code>) and Oregon law to manage health information we acquire. In keeping with our legal obligation, however, **please review this HIPAA information carefully.**

### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record (ON DISK ONLY)
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- 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

### **Your Choices**

You have some choices in the way that we use and share information:

### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Collect payment for services
- Consult with professional colleagues (without using identifying information)
- Do research
- Comply with the law
- 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 medical record**

- You will be given a copy of the formal report of your child's evaluation. You can request this on disk, but we do not send electronic copies of medical records via the internet.
- Should you need future copies of your child's evaluation report, we will provide it, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. 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, home or office phone) or to send mail 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.

## **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.

## **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting our Privacy Officer: Dr. Nancy Loss (503 335-2223; drnloss@childneuropsychologypc.com).
- 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

Unless legally compelled, or in cases involving imminent threat of harm, or in cases of suspected abuse of a child, elderly person or a person with disabilities, we will not share your health information unless you give us written permission:

## **Our Uses and Disclosures**

### **How does HIPAA allow use or sharing of your health information?**

#### **To Treat you**

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

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **To 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 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 your services.*

### ***How else does HIPAA allow us to use or share your health information?***

HIPAA allows or requires us 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](http://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

### **Do research**

We can use or share your information for health research (identifying information is removed).

### **Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- For law enforcement purposes or with a law enforcement official under extreme concerns for safety
- 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](http://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, in our office, and on our web site.