

PRIVACY AND SECURITY POLICY - NOTICE OF PRIVACY PRACTICES
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Under federal law, I am required to provide this notice about how I protect your privacy and protect information about you. I am committed to providing you with quality health care and maintaining a relationship with you that is built on trust. This trust is based, in part, on my commitment to respect the privacy and confidentiality of your Protected Health Information (PHI). Protected Health Information refers to individually identifiable health information. PHI includes any identifiable health information received or created by me.

1. Uses and Disclosures for Treatment, Payment, and Practice Operation

I may use or disclose your Protected Health Information only to coordinate treatment, obtain supervision, arrange for insurance reimbursement, or as otherwise required by law. I may be required by law to give PHI to government agencies or courts of law. I will not use or disclose your PHI for any other purpose without your (or your representative's) written permission, except as described below. I take handwritten psychoanalytic working notes during each session. I keep materials you bring or send me. My handwritten working notes are securely double-locked. My electronic files are 256-bit encrypted and password protected. Be aware that email is not a secure medium. Texting is even less secure. I do not do therapy by email or text. At intake, you will give me instructions on how best to reach you.

2. Uses and Disclosures Requiring Authorization

I may use or disclose confidential information for purposes of treatment, payment, and practice operations when your written informed consent is obtained. I may use or disclose PHI for purposes outside of treatment, payment, and practice operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances, if I am asked for information for purposes outside of treatment, payment and practice operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing a report written at your request about your care during a private, group, joint, or family counseling session.

You may revoke all such authorizations (of PHI or reports) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest a claim under the policy.

3. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If I have reasonable cause to believe that a child with whom I have had contact has been abused I may be required to report the abuse. Additionally, if I have reasonable cause to believe that an adult with whom I have had contact has abused a child, I may be required to report the abuse. In any child abuse investigation, I may be compelled to turn over PHI. Regardless of whether I am required to disclose PHI or to release documents, I also have an ethical obligation to prevent harm to my clients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.

Mentally ill or Developmentally Disabled Adults: If I have reasonable cause to believe that a mentally ill or developmentally disabled adult, who receives services from a community program or facility has been abused, I may be required to report the abuse. Additionally, if I have reasonable cause to believe that any person with whom I come into contact has abused a mentally ill or developmentally disabled adult, I may be required to report the abuse.

Health Oversight: Courts may subpoena relevant records from me should I be the subject of a complaint.

Judicial or Administrative Proceedings: Your PHI may become subject to disclosure if any of the following occur:

- If you become involved in a lawsuit, and your mental or emotional condition is an element of your claim or
- A court orders your PHI to be released, or orders your mental evaluation.

- **Serious Threat to Health or Safety:** I may disclose confidential information when I judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. I must limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems.
- **Worker's Compensation:** If you file a worker's compensation claim, this constitutes authorization for me to release your relevant mental health records to involved parties and officials. This would include any history of complaints or treatment of a condition similar to that involved in the worker's compensation claim.

4. Client Rights and My Duties

Client Rights

Right to Request Restrictions - You have the right to request restrictions on certain uses and disclosures of PHI about you. However, I am not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations -You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will contact you at a special number or address.

Right to Inspect and Copy - You have the right to inspect or obtain a copy of PHI for as long as this information is maintained. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

Right to Amend - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

Right to an Accounting - You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. On your request, I will discuss with you the details of the accounting process.

Right to a Paper Copy - You have the right to obtain a paper copy of this notice from me upon request.

My Duties:

I am required by law to maintain the privacy of PHI and to make a copy of this policy available to you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will post them. I will contact you in advance and mail you a copy of the request if reasonably possible when information is requested from your file.

5. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me at 503.691.6391. If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint by email to blakemartha@frontier.com. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

6. Effective Date Restrictions and Changes to Privacy Policy

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain if the laws about privacy and security change. I will post a revised notice if this notice changes.