

Holistic Health Clinic
12320 SW Allen Blvd.
Beaverton, OR 97005
(503) 646-8575

HIPAA NOTICE OF PRIVACY PRACTICES

We are required by law to protect the privacy of your medical information and to provide you with written notice describing how medical information about you may be used and disclosed and how you can get the access to this information.

Protected Health Information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law.

1. Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and related services. This includes the coordination or management of your health care information with a third party. For example, your information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and/or treat you.
2. Payment: Your protected health information will be used as needed to obtain payment for your health care. This includes current and past records as requested by your insurance carrier.
3. Healthcare Operations: We may contact you at home, work or any number disclosed on your intake to discuss scheduling, remind you of appointments or discuss billing. If you are not available, we may leave a message. In case of emergency, we may disclose your personal health information with the person you designate as your emergency contact. When in the office, we will call you by name in the waiting area when your physician is ready to see you.
4. Required by Law: public health issues, communicable diseases, health oversight, abuse or neglect, legal proceedings, law enforcement, coroners, funeral directors, organ donation, criminal activity, military activity, national security, workers compensation and whenever required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

YOUR RIGHTS: You may revoke this authorization at any time, in writing, except to the extent that your physician has taken an action in reliance on the use or disclosure indicated in the authorization.

1. You have the right to inspect and copy your information: under federal law you may not inspect or copy psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.
2. You have the right to request a restriction of your protected health information: You may request, in writing, that we not disclose any or part of your information for the purpose of treatment, payment of healthcare operation. You may also request that any or part of your information not be disclosed to family members, partners or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction to apply. **NOTE:** Your physician is not required to agree to a restriction if they believe it is in your best interest to permit use of your information. You then have the right to use another practitioner.
3. You *may* have the right to have your physician amend your protected healthcare information: if we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
4. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information: We reserve the right to change the terms of this notice and will inform you by mail and any changes. You then have the right to reject or withdraw as provided in this notice.
5. Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint.
6. You have the right to a paper copy of this notice.

If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone. If unavailable, you will be notified by phone within 48 hours.