Notice of Privacy Practices: HIPAA

Your Information. Your Rights. Our Responsibilities.

This notice describes how mental health information about you may be used and disclosed and how

you can get access to this information. Please review it carefully and do not hesitate to ask for

clarification.

**Definitions**

These are technical definitions in accordance with the federal Health Insurance Portability &

Accountability Act (HIPAA) Privacy Rule that you will need to know to understand this document.

\* For purposes of clarity, please know that "patient" is equivalent to "client" in our setting.

Protected Health Information (PHI):

PHI is (with certain exceptions) individually identifiable health information regarding the patient.

Psychotherapy Notes:

Notes recorded (in any medium) by a therapist documenting or analyzing the contents of a

conversation with a patient or patients during a private counseling session or a group, joint, or family

session.

**Use**:

Sharing, employment, application, utilization, examination, or analysis of individually-identifiable health

information within an entity (e.g., the therapist’s office).

Disclosure:

Release of, transfer of, provision of access to, or divulging in any other manner, information outside the

entity holding the information.

**Treatment**:

Provision, coordination, or management of mental health care and related services by one or more care

providers. This can include the coordination or management of your mental health care by a care

provider with a third party, consultation between providers relating to a patient, or the referral of a

patient for mental health care from one provider to another.

Payment

When the therapist obtains reimbursement for the provision of mental health care. For example,

obtaining third-party reimbursement or the determinations of eligibility or coverage (including

coordination of benefits or the determination of cost sharing amounts).

Health Care Operations:

Activities that relate to the performance or operation of the therapist’s practice. Examples include

conducting quality assessment and improvement activities, including outcomes evaluations and

development of clinical guidelines; protocol development, case management and care coordination;

business-related matters such as administrative services; and related functions that do not include

treatment.

**HIPAA Privacy Policies**

I. General Policies Regarding Privacy of PHI:

• JMtC follows policies and procedures in compliance with both federal regulations of the HIPAA Privacy

Rule, and Oregon State Law.

• JMtC does not use or disclose PHI in violation of the HIPAA Privacy Rule or Oregon State Law.

• JMtC uses and disclose PHI as permitted or required by the HIPAA Privacy Rule, Oregon State Law, or

other laws.

• When permitted, JMtC makes a reasonable effort to limit disclosure of PHI to the minimum necessary

to accomplish the intended purpose of the disclosure.

II. Uses and Disclosures Requiring Your Consent:

JMtC may use or disclose your PHI for treatment, payment, and health care operations purposes by

obtaining your consent (given by signing the JMtC Informed Consent for Treatment form).

• The exception to this is that JMtC may disclose PHI to your health insurer if your insurance policy

provides that, by accepting the benefits of the policy, subscribers/enrollees are deemed to have

consented to the examination of their medical records for purposes of utilization review, quality

assurance, and peer review by the insurer or its designee. However, JMtC may not disclose

Psychotherapy Notes to the insurer without a Privacy Rule Authorization.

III. Uses and Disclosures Requiring a Privacy Rule Authorization:

• For uses and disclosures other than treatment, payment, or health care operations (e.g., to your

employer, attorney, or school), JMtC must obtain a client authorization.

• For uses and disclosures other than treatment, payment, or health care operations (e.g., to your

employer, attorney, or school), JMtC must obtain a client authorization.

• Any use or disclosure of Psychotherapy Notes requires an authorization meeting both Privacy Rule

and Oregon State Law requirements.

• A client may revoke the authorization at any time unless action has been taken in reliance on the

authorization.

IV. Uses and Disclosures with neither Consent nor Authorization:

JMtC may be required to disclose PHI without your consent or authorization in the circumstances

described below.

When possible JMtC will inform you before such disclosure.

• Child Abuse: If your records are requested in relation to a child abuse investigation, JMtC is required to

release them to the appropriate authorities. If we receive information about child abuse, JMtC is required

to make an oral report to the Department of Health and Human Services.

• Adult Abuse: If your records are requested in relation to an investigation of abuse of a vulnerable adult

such as an elderly or disabled individual, JMtC is required to release them to the appropriate authorities.

If JMtC receives information about abuse to a vulnerable adult, we are required to make an oral report to

the Department of Health and Human Services.

• Government Oversight: In some circumstances, JMtC may be required to disclose information to a

public health authority, coroner or medical examiner, an agency for the military, national security,

Veterans Affairs, or a law enforcement official.

• Judicial or Administrative Proceedings: If you are involved in court proceedings and a request is made

for information about your evaluation, diagnosis, or treatment, and the records thereof, such information

is privileged under state law and must not be released without your written authorization or a court

order. This privilege does not apply if you are being evaluated for a third party or if the evaluation is

court-ordered.

• Serious Threat to Health or Safety: JMtC may disclose confidential information when we judge that

such disclosure is necessary to protect against a clear and substantial risk of imminent serious harm by

you to yourself or another person. JMtC shall limit the disclosure of the otherwise confidential

information to only those persons and only that content which would be consistent with the standards

of the profession when addressing these problems. JMtC may also use or disclose PHI that we have

previously agreed to restrict if the restricted PHI is needed to provide you with emergency treatment.

• Worker’s Compensation or Disability: If you file a Worker’s Compensation or Disability claim, this

constitutes authorization for JMtC to release your relevant mental health records to involved parties and

officials. This would include a past history of complaints or treatment of a similar condition.

Patients’ Rights: Below is an outline of your rights regarding privacy of PHI and Psychotherapy Notes.

• Right to Request Restrictions: You have the right to request restrictions on the uses or disclosures of

your PHI. To carry out treatment, payment, or health care operations, JMtC is not required to accept the

requested restrictions, and may terminate our agreement to not disclose at a later time.

• Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You

have the right to request and to receive confidential communications from JMtC of PHI by alternative

means and at alternative locations. (For example, you may not want a family member to know you are

participating in services at JMtC; upon your request, we will send your bills to another address.)

• Right to Inspect and Copy: You have the right to inspect and/or obtain a copy of your psychotherapy

notes in our records for as long as the PHI is maintained in the record. We may deny your request to

access your Psychotherapy Notes under certain circumstances. In those cases, you may have this

decision reviewed by JMtC Director or another licensed mental health provider. Upon your request, we

will discuss the details of the request, denial, and review process.

• Right to Amend: You have the right to request an amendment of your PHI for as long as the PHI is

maintained in the record. If we accept the request, JMtC is required to amend the PHI or record as

agreed and to make a reasonable effort to inform and to provide the amendment to (1) persons

identified by you as having received the PHI and who need the amendment, and (2) persons who have

received the PHI that is the subject of the amendment and who may have relied or who could

foreseeably rely on such information to your detriment.

• Right to an Accounting: You have the right to receive an accounting of JMtC disclosures of your PHI

made in the six years prior to your request. Exceptions include disclosures to carry out treatment,

payment, and health care operations; to you or PHI about you; to correctional institutions or law

enforcement officials; to government officials regarding national security or intelligence; or if it would

impede the activities of a health oversight or law enforcement official.

• Right to a Paper Copy: You have the right to obtain a copy of this notice.

VI. Administrative Issues: Safeguards and Complaints:

James Mockaitis, MS, MS, LPC- Director, is the designated privacy officer for Juniper Mountain

Counseling.

• JMtC has in place appropriate administrative, technical, and physical safeguards in accordance with

HIPAA.

• JMtC meets the documentation requirements of the HIPAA Privacy Rule and the HIPAA Security Rule.

• JMtC may periodically need to enter into business agreements with those providing support services

for our operations on our behalf. In such cases, written agreements will be established so that they will

safeguard the privacy of the PHI of our clients in accordance with this notice. We will rely on these

business associates to abide by the contract and will take reasonable steps to remedy any breaches of

which we become aware.

• The privacy of our client’s PHI is critically important for our relationship with you and for the

trustworthiness of JMtC. As such, we provide a process for our clients to make complaints concerning

our adherence to the requirements of HIPAA.

• JMtC will not intimidate, coerce, discriminate against, or take retaliatory action against any client for

exercising their rights under the HIPAA Privacy Rule or for filing a complaint.

• JMtC will not require clients to waive their rights provided by the HIPAA Privacy Rule or right to file a

Department of Health and Human Services compliance complaint as a condition of receiving treatment.

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: https://www.hhs.gov/hipaa/for-individuals/guidance-materials-forconsumers/index.html