

Valerie Tobin, PMHNP, LLC

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### HIPAA Notice of Privacy Practices

**This notice describes how mental health information about you/your child may be used and disclosed and how you can get access to this information. Please review it carefully.**

#### Who Will Follow This Notice

This notice describes the information privacy practices followed by Valerie Tobin, PMHNP, LLC.

#### Your/Your Child's Mental Health Information

This notice applies to the information and records I have about your/your child's mental health and the mental health care and services you/your child receives at this office. The mental health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your/your child's mental health history, status, symptoms, sessions, test or lab results, diagnoses, treatments, evaluations, procedures, prescriptions, related billing activity, and similar types of health-related information.

This Notice of Privacy Practices is being provided to you as a requirement of the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). It will tell you about the ways in which I may use and disclose mental health information about you/your child and describes your/your child's rights and our obligations regarding the use and disclosure of that information.

#### How I May Use and Disclose Mental Health Information About You/Your Child

I may use and disclose mental health information for the following purposes:

- **For Treatment.** I may use mental health information about you/your child to provide clinical treatment or services. I may disclose mental health information about you/your child to office staff, your referring physician, therapist, parent/guardian, school, pharmacist, lab, or other personnel who are involved in taking care of your or your child's health. This office policy is that typically I only release records which I have generated. This means that I will not typically re-release information (medical, alcohol and drug and/or mental health records) created by professionals outside of our office

For example, I may consult with your/your child's primary care doctor about medications I may be prescribing so that the primary care doctor can help determine the most appropriate care, or I may consult with school personnel regarding appropriate classroom interventions or placements.

Different personnel in our office may share information about you/your child and disclose information to people who do not work in our office in order to coordinate care, such as pharmacies, or labs. Family members and other health care providers outside of this office may require information that I have about you/your child.

- **For Payment.** I may use and disclose mental health information about you/your child so that the treatment and services received at this office may be billed to and payment may be collected from you, an insurance company, or a third party. This information includes demographics, diagnosis, date and type of service.

For example, I may need to give the health plan information about a service you/your child received here so the health plan will pay us or make reimbursement for the service. I may also tell the health plan about a

treatment you/your child is going to receive or a medication that is being prescribed to obtain prior approval or to determine whether the plan will cover the treatment.

- **For Health Care Operations.** I may use and disclose mental health information about you/your child in order to run the office and make sure that you/your child and our other clients receive quality care.

I may also use mental health information about all or many of our clients to help us decide what additional services I should offer, how I can become more efficient, or whether certain new treatments are effective.

I may also disclose your/your child's mental health information to health plans that provide insurance coverage and other health care providers that care of you/your child. Disclosures of your mental health information to plans and other providers may be for the purpose of helping these plans and providers improve care, reduce cost, coordinate and manage care and services, train staff and comply with the law.

- **Appointment Reminders.** I may contact you/your child as a reminder that an appointment at the office is scheduled. Please notify us **in writing** (at the address listed at the top of this Notice) if you do not wish to be contacted for appointment reminders.
- **Court Requests.** I will disclose mental health information about you/your child when required to comply with court requests for information.
- **Child Abuse Reporting.** I will disclose mental health information about you/your child to comply with state guidelines regarding reporting of child abuse.

#### SPECIAL SITUATIONS

I may use or disclose mental health information about you/your child for the following purposes, subject to all applicable legal requirements and limitations:

- **To Avert a Serious Threat to Health or Safety.** I may use and disclose mental health information about you/your child when necessary to prevent a serious threat to your/your child's health and safety or the health and safety of the public or another person.
- **Required By Law.** I will disclose mental health information about you/your child when required to do so by federal, state or local law.
- **Research.** I may use and disclose mental health information about you/your child for research projects that are subject to a special approval process. I will ask you/your child for permission if the researcher will have access to your/your child's name, address or other information that reveals who you/your child is or will be involved in your/your child's care at the office.
- **Mental Health Oversight Activities.** I may disclose mental health information to a mental health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the mental health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you/your child are involved in a lawsuit or a dispute, I may disclose mental health information in response to a court or administrative order. Subject to all applicable legal requirements, I may also disclose mental health information about you/your child in response to a subpoena.
- **Law Enforcement.** I may release mental health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

- **Information Not Personally Identifiable.** I may use or disclose mental health information about you/your child in a way that does not personally identify you/your child or does not reveal the identity of you/your child.
- **Family and Friends.** I may disclose mental health information about you/your child to immediate family members or friends who are involved in care taking of you/your child if I obtain your/your child's verbal or written agreement.

#### OTHER USES AND DISCLOSURES OF MENTAL HEALTH INFORMATION

I will not use or disclose your/your child's mental health information for any purpose other than those identified in the previous sections without specific, written *Authorization*. If you/your child give us *Authorization* to use or disclose mental health information, that *Authorization* may be revoked, **in writing**, at any time. If you/your child revokes the *Authorization*, I will no longer use or disclose information about you/your child for the reasons covered by the written *Authorization*, but I cannot take back any uses or disclosures already made with permission. In addition, our office policy is that typically I only release records which I have generated. This means that I will not typically re-release information (medical, alcohol and drug and/or mental health records) created by professionals outside of our office

#### YOUR/YOUR CHILD'S RIGHTS REGARDING MENTAL HEALTH INFORMATION

You/your child has the following rights regarding mental health information I maintain:

- **Right to Inspect and Copy.** You/your child has the right to inspect and copy your/your child's mental health information, such as medical and billing records, that I use to make decisions about care. A written request must be submitted to Valerie Tobin, PMHNP, LLC in order to inspect and/or copy the mental health information. If you/your child requests a copy of the information, I may charge a fee for the costs of copying, mailing, or other associated supplies.

I may deny the request to inspect and/or copy the mental health information in certain circumstances. If you/your child is denied access to the mental health information, you/your child may ask that the denial be reviewed. If such a review is required by law, I will select a licensed mental health care professional to review the request and our denial. The person conducting the review will not be the person who denied the request, and I will comply with the outcome of the review.

According to ORS 107.154, both parents have equal access to their child's medical or mental health records. Both parents will be given the same medical or mental health information about their child. This does not mean that both parents would be given a copy of the child's chart or verbatim reports of the child's mental health sessions. There are many times that the protection of a child's privacy outweighs parental requests for information, depending on how the parents might use that information.

- **Right to Amend.** If you/your child believes mental health information I have incorrect or incomplete, you/your child may ask us to amend the information. You/your child has the right to request an amendment as long as the information is kept by this office.

To request an amendment, please submit a request in writing.

I may deny the request for an amendment if it is not **in writing** or does not include a reason to support the request. In addition, I may deny the request if you/your child asks us to amend information that:

- I did not create, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the mental health information that I keep
- You/your child would not be permitted to inspect and copy
- Is accurate and complete

- **Right to an Accounting of Disclosures.** You/your child has the right to request an “accounting of disclosures.” This is a list of the disclosures I made of mental health information for purposes other than treatment, payment and health care operations. To obtain this list, submit the request **in writing** to Valerie Tobin, PMHNP. It must state a time period, which may not be longer than six years. The first list requested within a 12-month period will be free. For additional lists, I may charge for the costs of providing the list. I will notify you/your child of the cost involved and you/your child may choose to withdraw or modify the request at that time before any costs are incurred.
- **Right to Request Restrictions.** You/your child has the right to request a restriction or limitation on the mental health information I use or disclose about you/your child for treatment, payment or mental health care operations. You/your child also has the right to request a limit on the mental health information I disclose to someone who is involved in direct care or the payment for it, like a family member or a friend. For example, you/your child could ask that I not use or disclose information about a lab test.

*I am not required to agree to your/your child’s request.* If I do agree, I will comply with the request unless the information is needed to provide you/your child emergency treatment or I am required by law to use or disclose the information.

To request restrictions, please submit this request in writing.

- **Right to Request Confidential Communications.** You/your child have the right to request that I communicate about mental health matters in a certain way or at a certain location. For example, you can ask that I only contact you/your child at work or by mail.

To request confidential communications, you/your child may submit a request in writing. I will not ask the reason for the request. I will accommodate all reasonable requests. Your/your child’s request must specify how or where you/your child wishes to be contacted.

- **Right to a Paper Copy of this Notice.** You/your child have the right to a paper copy of this notice. You/your child may ask for a copy of this notice at any time.

#### CHANGES TO THIS NOTICE

I reserve the right to change this notice and to make the revised or changed notice effective for mental health information I already have about you/your child, as well as any information I receive in the future. I will post a summary of the current notice in the office with its effective date on the top right-hand corner. You/your child are entitled to a copy of the notice currently in effect.

#### COMPLAINTS

If you/your child believe your/your child’s privacy rights have been violated, you/your child may file a complaint with myself or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, please contact Valerie Tobin, PMHNP. You/your child will not be penalized for filing a complaint.