

**Mindy LaFramboise MA, LPC**  
Office: 123 E. Powell Blvd Suite 212, Gresham OR 97030  
Mail to: 2870 NE Hogan Rd. Ste E # 213  
503 328 8715  
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**Notice of Policies and Practices to Protect the Privacy of  
Your Health Information**

THIS NOTICE DESCRIBES HOW MENTAL HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “PHI” (*protected health information*) refers to information in your health record that could identify you.
- “*Treatment, Payment, and Health Care Operations*”
  - *Treatment* is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
  - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility for coverage.
  - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties.

**II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, or health care 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 when I am asked for information for purposes outside of treatment, payment, or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. “*Psychotherapy Notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical records. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) 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, or law provides the insurer the right to contest the claim under the policy.

**III. 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 has been abused, I may report that belief to the appropriate authority.
- *Adult and Domestic Abuse* – If I have reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, I may report that belief to the appropriate authority.
- *Health Oversight Activities* – If I am the subject of an inquiry by the Oregon Board of Licensed Social Workers, I may be required to disclose protected health information regarding you in proceedings before the Board.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made about the professional services I provided you or the records thereof, such information is privileged under state law, and I will not release information without your written consent or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – If I determine, or pursuant to the standards of my profession should determine, that you present a serious danger of violence to yourself or another, I may disclose information in order to provide protection against such danger for you or the intended victim.
- *Worker's Compensation* – I may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

#### **IV. Patient's Rights and Therapist's Duties**

##### Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. I have the right to deny the request for restriction if it would affect your care. If you pay for your care out of pocket, in full, you can ask that I not share that information for the purpose of payment with your insurer.
- *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. (You can ask me to contact you in a specific way, or send mail to a different address).
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. 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. I may charge you a reasonable cost based fee for the records.
- *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. On your request, I will discuss with you the details of the accounting process. This would include a accounting of disclosures except for those about treatment, payment or health care operations.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request at any time, even if you have agreed to receive the notice electronically.

- *Rights of legal guardian*- If someone is your legal guardian, that person can exercise your rights and make choices about your protected health information. I will make sure that person has that authority and can act for you before I take any action.

#### Therapist's Duties:

- I am required by law to maintain the privacy and security of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I am required to follow the duties and privacy practices described in this notice and give you a copy.
- 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 notify you in a written statement either given to you in person or sent via mail.

#### **V. 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) 328-8715.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to me at the following address: 2870 NE Hogan Rd Ste E #213, Gresham OR 97030.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W. Washington D. C. 20201. You can also call 1-877-696-6775 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

#### **VI. Effective Date, Restrictions, and Changes to Privacy Policy**

This notice will go into effect on Oct 1, 2013

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. I will provide you with a revised notice in writing, either via mail or handed directly to you in session.

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**This signature page is in reference to the forms entitled: Notice of Policies and Practices to Protect the Privacy of Your Health Information**

If you did not receive these documents, or have misplaced them, please ask for another copy. This signature page is in reference to the Federal HIPPA Privacy Regulations requirements. The undersigned certifies that he/she has received a copy of the Notice of Privacy Practices (HIPPA), and is the client, or is duly authorized by the client as the client's representative. If a more detailed verbal explanation is needed, in addition to the one you received, please request one now and we would be pleased to assist you.

The HIPPA Document can be found on my website at [www.mindylaframboise.com](http://www.mindylaframboise.com), by clicking on the "Fees and Forms" link, then clicking on the "Notice of Privacy Practices (HIPAA)" link.

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Client Signature (or Client's Representative)

Date