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## **HIPAA NOTICE OF PRIVACY PRACTICES**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. The 1996 federal law, the Health Insurance Portability and Accountability Act (HIPAA) requires that I give you this notice.

***Privacy:*** My commitment is to your privacy. Your protected health information (PHI) is shared by you in the course of psychotherapy sessions. PHI includes information about you that may identify you and that relates to your past, present or future physical and/or mental health and related health care services. I must ethically and legally keep this information confidential.

***How I use and disclose your PHI with your consent:*** Your PHI is used to provide you with treatment, to arrange payment and for health care operations. I have a written contract with any third party (such as billing services) that requires your PHI be kept private. I will ask you to sign a consent form after you read this that will allow me to use your information in this manner. If you do not consent and sign the form I am unable to treat you.

***Disclosing your PHI without your consent:*** The following are situations where I am legally or ethically obligated to disclose your information: When required by law, when there is an immediate danger to the health and safety of a person or the public, when PHI is needed to identify you if you have died or determine the cause of your death and for worker's compensation or other programs that provide benefits to you for work-related injuries or illness.

***Your rights regarding your PHI:*** Uses and disclosures not specifically permitted by law will be made only with your written authorization, which may be revoked at any time.

You have the right to access, inspect and copy your PHI. I may restrict your access only when there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies.

Right to amend: If you feel that the PHI I have is inaccurate or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.

Right to an accounting of disclosures: You have a right to request an accounting of the disclosures I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12 month period.

Right to request restrictions: You have a right to request a restriction on the use or disclosure of your PHI for treatment, payment or health care operations. I am not required to agree with your request.

Right to request confidential communication: You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.

You have a right to a copy of this notice.

**Complaints:**

If you believe that I have violated your privacy rights, you have the right to file a complaint in writing to me: Anne Emmett LCSW, 516 SE Morrison St, Suite 500, Portland, Oregon 97214. Fax # 1-888-974-3958

You can also contact the Secretary of Health and Human Services in Washington D.C. Complaints must be in writing and will not change the health care that I provide to you. Please sign the form to acknowledge that you have read this notice:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_