

# Notice of Privacy Practices

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Threshold Psychological Services

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EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on 13 October 2024

## NOTICE OF PRIVACY PRACTICES

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

**I. MY PLEDGE REGARDING HEALTH INFORMATION:** Your protected health information (PHI) is personal, and I am committed to protecting it. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This record is kept in a HIPAA-compliant electronic healthcare record that only I have access to.

This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- If the terms of this Notice change for any reason, I will inform you of these changes.

## II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

**Psychotherapy Notes.** I keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes or PHI requires client authorization. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly or disabled person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena. If a client is involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about a child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell the client about the request or to obtain an order protecting the information requested.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
8. For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, in order to carry out the health care provider's own treatment, payment or health care operations.
9. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

10. For health oversight activities, including audits and investigations.
11. To coroners or medical examiners, when such individuals are performing duties authorized by law.
12. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
13. Appointment reminders and health related benefits or services. I may use your PHI to contact you to remind you that you have an appointment with me. I may also use your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
14. Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. You decide whether to authorize disclosures to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care. You can revoke this authorization at any time. Limitations stated above include situations where your life or someone else's life is in danger. The opportunity to consent may be obtained retroactively in these emergency situations.

### IV. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care or involves an exception above.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

### Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

NOTICE TO CONSUMERS: The Department of Consumer Affairs' Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints you may contact the Board of the State you are working with me in.

California: [www.psychology.ca.gov](http://www.psychology.ca.gov), by e-mailing [bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov), 1-866-503-3221 or write to the following address:

Board of Psychology

1625 North Market Blvd, Suite N-215

Sacramento, CA 95834

Oregon: <https://www.oregon.gov/psychology/pages/Complaint.aspx>

Idaho: <https://dopl.idaho.gov/psy/>

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.