

Notice of Privacy Practices
for Michael Saffko, Psy.D.
Effective Date: March 25, 2003

This notice describes how clinical information about you may be used and disclosed and how you can gain access to this information. Please review it carefully. If you have any questions, please contact my office at 777 NE 7th Street, Suite 108, Grants Pass, Oregon 97526-2910; telephone: 541-471-8840.

Who Abides by the Guidelines in this Notice? This notice describes the information privacy practices followed by our employees, staff and other office personnel. Therapists who provide “call coverage” with whom you may consult when your regular therapist is not available will also follow these practices.

Pertaining to your Personal Health Information: This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office. We are required by law to give you this notice. It tells you about the ways in which we may use and disclose your health information and describes your rights and our obligations regarding the use and disclosure of that information.

How We May Use and Disclose Your Personal Health Information: We must have your written, signed consent to use and disclose health information for the following purposes:

For Treatment: We may use your health information to provide you with clinical treatment or services. We may disclose your health information to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. For example, your physician or psychiatrist may be prescribing antidepressant, anti-anxiety or other psychotropic medication. Often consultation between your therapist and your physician assures an integration of emotional and physical health care. Your physician may wish to receive feedback from your therapist, especially if your physician or psychiatrist referred you for psychological treatment. In some cases, your therapist may wish to discuss treatment progress with your physician or psychiatrist. While not always necessary, such interactions may help effectively direct your treatment. Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care. Family members and other health care providers may be part of your clinical care outside this office and may require information.

For payment: We may use and disclose your health information so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or other party. For example, we may need to give your health plan information about a service you received in order to receive payment from them or for you to receive reimbursement for services. We may also tell your health plan before you receive treatment in order to obtain prior approval, or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose your health information in order to run the office and make sure that you and our other clients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our clients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Appointment Reminders: Although we don't routinely send appointment reminders, we may under certain circumstances do so.

Treatment Alternatives: We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Products and Services: We may tell you about health-related products or services that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

You may revoke your consent at any time by notifying us in writing. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures which occurred before that time. If you do revoke your consent, we will not be permitted to use or disclose your information for purposes of treatment, payment or health care operations, and we may therefore discontinue providing you with treatment and services.

Special Situations:

We may use or disclose your health information without your permission for the following purposes, subject to applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety: We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Legal Requirements: We will disclose your health information when required to do so by federal, state or local law.

Research: We may use and disclose your health information for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

Military, Veterans, National Security and Intelligence: If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release your health information. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose your health information for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities: We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose your health information in response to a subpoena.

Law Enforcement: We may release 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: We may use or disclose your health information in a way that does not personally identify you or reveal who you are.

Family and Friends: We may disclose your health information to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

Other Uses and Disclosures of Health Information: We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. We must obtain your authorization separate from any consent we may have obtained from you. If you give us authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the authorization and consent mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed consent and a special written authorization that complies with the law governing HIV or substance abuse records.

Your Rights Regarding Your Personal Health Information: You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy your health information, such as clinical and billing records, that we use to make decisions about your care. You must submit a written request to Anne Plater in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend: If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a Clinical Amendment/Correction form to Anne Plater. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We 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 health information that we keep
- You would not be permitted to inspect and copy
- Is accurate and complete

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of clinical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to Anne Plater. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or in electronic form). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you may complete and submit the Request for Restriction on Use/Disclosure of Clinical Information to Anne Plater.

Right to Request Confidential Communications: You have the right to request that we communicate with you about clinical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may complete and submit the Request for Restriction on Use/Disclosure of Clinical Information and/or Confidential Communication to Anne Plater. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact Anne Plater.

Changes to this Notice: We reserve the right to change this notice, and to make the revised or changed notice effective for clinical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the document heading. You are entitled to a copy of the notice currently in effect.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Anne Plater, Administrative Assistant, at 541-471-8840. You will not be penalized for filing a complaint.

