

Notice of Privacy Practices for Mental Health Treatment

This notice describes how medical and 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.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires Waves Counseling, LLC to protect the privacy of "protected health information" (PHI) about our clients. PHI includes information that we have created or received regarding a client's health or payment for health care services. It includes both medical records, mental health and personal information such as a client's name, social security number, address, and phone number. It also includes a client's health history and previous diagnoses, as well as the health history and previous diagnoses of the patient's family members.

The term "client" as used in this notice also includes the client and the client's personal representative/caregiver, who is a person authorized by applicable law to act on behalf of the client. The terms "you" and "your" refer to the client, including the client's representative.

HIPAA requires Waves Counseling, LLC to maintain the privacy of client PHI. This Notice describes Waves Counseling, LLC legal obligations under HIPAA and related regulation to:

- Protect the privacy of client PHI;
- Provide clients with this Notice explaining our duties and practices regarding PHI;
- Comply with the terms of this Notice.

This Notice also explains how Waves Counseling, LLC uses and discloses client PHI and explains client rights regarding the PHI that Waves Counseling, LLC maintains about them.

In some situations, federal and state laws provide privacy protections to PHI in addition to HIPAA. Examples of PHI that sometimes receives additional protection include PHI related to mental health, HIV/AIDS, reproductive health, or chemical dependency. Unless required by law, Waves Counseling, LLC will not disclose such PHI without an express written authorization from the client or the client's personal representative.

Waves Counseling, LLC is required to abide by the terms of this Notice. However, Waves Counseling, LLC reserves the right to make changes to this Notice and to make such changes effective for all PHI Waves Counseling, LLC may already have. If and when a material change is made to this Notice, Waves Counseling, LLC will post the revised Notice at our office.

USES AND DISCLOSURES OF PHI

Uses and Disclosures for Treatment, Payment, and Health Care Operations

For Treatment: Waves Counseling, LLC may use or disclose PHI for treatment without obtaining an authorization. For example, Waves Counseling, LLC may disclose PHI to physicians, nurses, counselors, and others involved in your care; our staff to coordinate such activities as referrals or appointments; or other health care providers treating you who are not on our staff such as emergency room staff and specialists.

For Payment: Waves Counseling, LLC may use or disclose PHI to obtain payment for the services we have provided. For example, Waves Counseling, LLC may use and disclose PHI to bill health insurers. Waves Counseling, LLC may also disclose PHI to other organizations and providers for their payment activities.

For Health Care Operations: Waves Counseling, LLC may use and disclose PHI to enable us to operate efficiently and in the best interests of our clients. For example, Waves Counseling, LLC may use and disclose PHI to review and improve the care our clients receive and to provide training for our staff. Waves Counseling, LLC may also disclose PHI to other individuals, called “business associates,” such as consultants and auditors, who help us with our business activities. (Note: If we share PHI with business associates, they must agree to protect the privacy of the PHI.)

Waves Counseling, LLC may also use and disclose PHI to educate outside professionals about issues related to child abuse and the analysis of clients treatment. However, Waves Counseling, LLC will request your express authorization to use or disclose such PHI before using it for such a training purpose.

Other Permitted Uses and Disclosures Without An Authorization.

In certain instances, and for specific purposes, HIPAA authorizes Waves Counseling, LLC, and its business associates, to use and/or disclose PHI without an authorization. These uses and disclosures include, but are not limited to, the following:

1. When Required By Law. For example:

- For judicial and administrative proceedings in response to a court or administrative order or subpoena or as otherwise required by law. Medical records may only be disclosed pursuant to a protective order that prohibits disclosure or re-disclosure to parents or personal representatives of a patient who is a minor.
- To report information related to victims of abuse, neglect, or domestic violence.
- To assist law enforcement officials, including officials from the Department of Human Services, in their law enforcement duties.
- MDT members

2. For Health and Safety Purposes. For example:

- To avert a serious threat to the health or safety of our clients or any other person.
- To an authorized public health authority or individual to perform public health and safety activities, such as preventing or controlling disease, injury, or disability or to report vital statistics such as births or deaths.

3. For Government Functions. For example: to health oversight agencies for audits, examinations, investigations, inspections, and licensures.

4. In Emergency Situations. For example: to a family member or close personal friend involved in the client’s care in the event of an emergency or to a disaster relief entity in the event of a disaster.

5. To Others Involved in the Client’s Care. Under limited circumstances, to a member of the client’s family, a relative, or other person identified by the client or the client representative/caregiver who is directly involved in the client’s health care or payment of bills related to such health care. The client or the client's representative may, however, request that these dis-closures be restricted as outlined later in this notice.

6. For Appointment Reminders.

7. To Personal Representatives. To authorized people who have a legal right to act on behalf of a client, such as parents for un-emancipated minors.

8. For Treatment and Health-Related Alternatives Information Purposes. To communicate treatment services, options, or alternatives, as well as health-related benefits or services that may be of interest.

9. For Research Purposes. But only to the extent that certain steps as required by law are taken to protect client privacy.

10. For fundraising. To contact you to determine if you would be willing to assist Waves Counseling, LLC raising funds for its operations by, for example, sharing a description of your experience with so that we may Waves Counseling, LLC inform others of our services. We would only use your information to ask you if you would be willing to participate. If you would rather not be contacted, please let us know and we will not use your information for this purpose. We will not use your information for other fundraising purposes without your permission.

Uses and Disclosures Requiring Authorization. For most other purposes, Waves Counseling, LLC will obtain written authorization before using and disclosing PHI. To obtain a form of authorization to request that we disclose patient PHI other than as provided above, please contact the Waves Counseling, LLC. If you sign an authorization, you may revoke it at any time in writing, although this will not affect information that we disclosed before you revoked the authorization. Once the PHI has been disclosed pursuant to your authorization, the protections HIPAA provides may no longer apply to the disclosed PHI, and the information may be re-disclosed by the recipient without your knowledge or authorization.

CLIENT RIGHTS REGARDING PROTECTED HEALTH INFORMATION

Clients have the following rights regarding PHI that Waves Counseling, LLC creates, collects and maintains about them. If you are required to submit a written request related to these rights, as described below, you should submit the request to Waves Counseling, LLC Privacy Officer as follows:

Waves Counseling, LLC
c/o Privacy Officer
510 NE 8th Street Suite 4
McMinnville, OR 97128

Right to Request Restrictions: Clients have the right to request restrictions on PHI that Waves Counseling, LLC uses or discloses to carry out treatment, payment, or health care operations. You may also ask that we limit the information we give to someone who is involved in your care, such as a family or friend, and you can opt out of our use of your information to contact you for the fundraising purposes we described above. Please note that we are not required to agree to your request unless, and except as otherwise required by law, the disclosure you want to restrict pertains solely to a health care item or service for which you have paid for out of pocket in full. If we do or must agree, we will honor your limits unless it is an emergency situation. To request a restriction of your PHI, please submit your request in writing.

Right to Receive Confidential Communications or Communications by Alternative Means or at an Alternative Location: Clients have the right to ask that we communicate with them by another means or at a different address. For example, you may request that we contact you at home rather than at work. To request communications by another means or at an alternative location, please submit your request in writing. You should state the alternative means by, or location at which you would like to receive, your PHI. If appropriate, your request should state that the disclosure of all or

part of the information by non-confidential communications could endanger you. Reasonable requests will be accommodated to the extent possible and you will be notified appropriately.

Right to Inspect and Copy: Clients have the right to inspect and receive a copy of their PHI that Waves Counseling, LLC or its business associates maintain in a designated record set. To request copies, please contact the Privacy Officer. We may ask you to make this request in writing, and we may charge a reasonable fee for the cost of producing and mailing the copies. In certain situations we may deny your request and will tell you why we are denying it. In some cases you may have the right to ask for a review of our denial.

Right to Amend: Clients have the right to request that Waves Counseling, LLC or its business associates amend their PHI if they believe the information is incorrect or incomplete. To request an amendment, submit a detailed, written request to the Privacy Officer. This request must provide the reason(s) that supports your request. Waves Counseling, LLC may deny your request if it is not in writing, if it does not provide a reason in support of the request, or if you have asked to amend information that:

Was not created by or for Waves Counseling, LLC, unless you provide Waves Counseling, LLC with information that the person or entity that created the information is no longer available to make the amendment;

- Is not part of the PHI maintained by or for Waves Counseling, LLC;
- Is not part of the health record information that you would be permitted to inspect and copy;
- or
- Is accurate or complete.

Waves Counseling, LLC will notify you in writing as to whether it accepts or denies your request for an amendment to your PHI. If Waves Counseling, LLC denies your request, it will explain how you can continue to pursue the denied amendment.

Right to Receive an Accounting of Disclosures: Clients have the right to request from Waves Counseling, LLC an “accounting” of certain disclosures of their PHI. The accounting lists instances where Waves Counseling, LLC or its business associates disclosed some portion of your PHI to others and to whom that disclosure was made. The accounting does not include disclosures for treatment, payment, and health care operations; disclosures made to or authorized by you; and certain other disclosures. You may request an accounting of the disclosures made up to six years before your request. If you want an accounting that covers a time period of less than six years, please state that in your written request for the accounting.

To request an accounting of disclosures, submit a written request to the Waves Counseling, LLC Privacy Officer. You may receive one list per year at no charge. If you request another list during the same year, we may charge you a reasonable fee; however, we will notify you of the cost involved before processing the accounting.

Right to Request a Paper Copy of this Notice: Clients have a right to receive a copy of this Notice at any time. To obtain it, submit a written request to the Waves Counseling, LLC Privacy Officer, or you may ask for a copy from any staff member.

Right to Complain: Clients have the right to complain to Waves Counseling, LLC and to the Department of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with Waves Counseling, LLC, submit a written complaint to the Waves Counseling, LLC Privacy Officer. Waves Counseling, LLC will not retaliate or discriminate against you or otherwise withhold services, payment, or privileges from you because you file a complaint with Waves Counseling, LLC or with the Department of Health and Human Services.