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PRIVACY NOTICE

I am committed to preserving the privacy of your personal health information. In fact, I am required by law to protect the privacy of your clinical information and to provide you with this notice describing how clinical information about you may be used and disclosed and how you can access this information.

I am required by law to have your written consent before I use or disclose to others your clinical information for purposes of providing or arranging for your health care, the payment for or reimbursement of the care I provide you, and the related administrative activities supporting your treatment.

I may be required or permitted by certain laws to use and disclose your clinical information for other purposes without your consent or authorization.

As my client you have important rights relating to inspecting and copying your clinical information that I maintain, amending or correcting that information, obtain an accounting of my disclosures of your clinical information, requesting that I communicate with you confidentially, requesting that I restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.

I have available a detailed NOTICE OF PRIVACY PRACTICES which fully explains your rights and my obligations under the law. You have the right to receive a copy of my most current NOTICE. If you would like a copy of my current NOTICE, please ask me and I will provide you with a copy.

