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## Notice of Privacy Practices

January 1, 2012

**This notice describes how clinical information about you may be used and disclosed and how you can get access to this information.  
Please review it carefully.**

*If you have any questions about this notice, please ask Dr. Garrison.*

### WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by Rocky Garrison, Ph.D. The practices described in this notice will also be followed by practitioners you consult with by telephone (when Rocky is not available) who provide call coverage for Dr. Garrison.

### YOUR HEALTH INFORMATION

This notice applies to the information and records I have about your health, health status, and the health care and services you received at this office. I am required by law to give you this notice. It will tell you about the ways in which I may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

### HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

I must have your written, signed consent to use and disclose health information except for the following purposes:

- **for treatment.** I may use health information about you to provide you with clinical treatment or services. I may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. I may share information about you and disclose information to people who do not work in my 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 about you that we have.
- **For payment.** I may use and disclose health information about you so that the treatment and services to receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, I may need to give your health plan information about a service you received here so your health plan will pay me or reimburse you for the service. I may also tell your health plan about a treatment you're going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.
- **For health care operations.** I may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, I may use your health information to evaluate my performance in caring for you. I may also use health information about all or many of my patients to help me decide what additional services I should offer, how I can become more efficient, or whether certain new treatments are effective.
- **Appointment reminders.** I may contact you as a reminder that you have an appointment for treatment or clinical care at the office.
- **Treatment alternatives.** I may tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-related products and services.** I may tell you about health-related products or services that may be of interest to you.

Please notify me 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 me **in writing**, (at the address listed at the bottom of this notice) that you do not wish to receive such communications, I will not use or disclose your information for these purposes.

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

## SPECIAL SITUATIONS

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

- **To avert a serious threat to health or safety.** I may use and disclose health information about you when necessary to prevent a serious threat to your health and safety for the health and safety of the public or of another person.
- **Required by law.** I will disclose health information about you when required to do so by federal state or local law.
- **Research.** I may use and disclose health information about you for research projects that are subject to a special approval process. I will ask you for your permission if a 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, I may be required by a military command or other government authorities to release health information about you. I may also release information about foreign military personnel to the appropriate foreign military authority.
- **Workers' compensation.** I may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public health risks.** I may disclose health information about you 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.** I 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, I may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, I may also disclose health information about you in response to a subpoena.
- **Law enforcement.** I may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or a similar process, subject to all applicable legal requirements.
- **Information not personally identifiable.** I may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- **Family and friends.** I may disclose health information about you to your family members or friends if I obtain your verbal agreement to do so or if I give you an opportunity to object to such a disclosure and you do not raise an objection. I may also disclose health information to your family or friends if I can infer from the circumstances, based on my professional judgment that you would not object. For example, I may assume you agree to my disclosure of your personal health information to your spouse when you bring your spouse with you into treatment or while treatment is being discussed. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), I may, using my professional judgment, determined that a disclosure to your family member or friend using your best interest. In that situation, I'd will disclose only health information relevant to the person's involvement in your care.

## OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

I will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. I must obtain your authorization separate from any consent we may have obtained from you. If you give us the authorization to use or disclose health information about you, you may revoke that authorization, **in writing**, and anytime. If you revokes your authorization, I will no longer use or disclose information about you for the reasons covered by your written authorization, but I cannot take back any uses or disclosures already made with your permission. If I have HIV for substance abuse information about you, I cannot release that information without a special signed, written authorization (differed than the authorization and consent mission 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 in and a special written authorization that complies with the law governing HIV for substance abuse records.

## YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information what I 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 I used to make decisions about your care. You must submit a written request to meet 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. By AMA 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, I will select a licensed health-care professional to review your request and my denial. The person conducting the review will not be the person who denied your request, and I will comply with the outcome of the review.
- **Right to request restrictions.** You have the right to request a restrictions or limitations on the health information I use or disclose about you for treatment, payment for health care operations. You also have the right to request a limit on the health information we disclose about you'd to someone who is involved in your care or the payment for it, like a family member or friend. **I am not required to agree to your request.** If I do agree, I will comply with your request unless the information is needed to provide you emergency treatment.
- **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 in this list, you must submit your request **in writing** to me. 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, electronically). The first list you request within a 12 month period will be free. For additional lists, I may charge you for the costs of providing the list. I 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.
- **To amend.** If you believe health information I have about you is incorrect or incomplete, you may ask me 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 record amendment/correction form to me. I 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, I may deny your request if you ask me to amend information that:
  - I 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 I keep
  - You would not be permitted to inspect and copy
  - It is accurate and complete
- **Right to request confidential communications.** You have the right to request that I communicate with you about clinical matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail. To request confidential communications, you may complete and submit the request for a restriction on use/disclosure of clinical information and/or confidential communication to me. I will not ask you the reason for your request. I 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 me 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.

## CHANGES TO THIS NOTICE

I reserve the right to change this notice, and to make the revised or changed noticed effective for clinical information we already have about you as well as any information we receive in the future. I will post a summary of the current notice in the office with its effective date in the top right-hand corner. You are entitled to a copy of the noticed currently in effect.

This notice was updated on January 1, 2012. It was placed on my new letterhead stationary.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with my office or with the secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.