

Notice of Privacy Practices(updated 12/5/24)

Oak & Fern Psychotherapy

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NOTICE OF PRIVACY PRACTICES

In accordance with federal law, this notice of privacy policies is intended to inform you of your protections related to your health care information and the exceptions to those protections.

I. OUR PLEDGE REGARDING HEALTH INFORMATION AT OAK & FERN:

At Oak & Fern, we maintain your privacy and confidentiality in accordance with Federal Law. Per legal requirements as health care practitioners, we create a record and document the care and services you receive from Oak & Fern. This notice of privacy policies applies to all of the records of your care generated by Oak & Fern Psychotherapy. According to federal law we are required to:

- Ensure that protected health information ("PHI") that identifies you is kept private.
- Receive your authorization before disclosing any PHI, unless in exceptional circumstances as outlined below.
- Give you this notice of my legal duties and privacy practices with respect to health information.

II. AUTHORIZATION REQUIRED:

We are required to protect your information. There are some exceptions to this, as outlined in the section below, but we can only disclose PHI if you give us authorization to do so. For example, if you want us to consult with another health care provider about your care in a non-emergency context, or you want us to share your records with a family member, etc., we will require your written authorization to do so.

III. CERTAIN EXCEPTIONS TO YOUR REQUIRED AUTHORIZATION:

According to federal law, there are some exceptions where your PHI can be shared without your authorization. These are the following circumstances where your PHI can be released without your authorization:

1. Emergency care. If it is deemed clinically necessary in treating you in emergency safety and mental health circumstances. Per law, I can disclose your PHI to aid in your emergency medical and clinical care to ensure your wellbeing and safety.
2. Protecting the safety of vulnerable populations. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. When required by law. If you are involved in a lawsuit, I may disclose health information only in response to a legitimate subpoena by a judge. In all other cases it will require your written consent. I will seek first to inform you that this request has been made of me. The same is true for guardians of minor clients.
4. In completion of agreed upon healthcare services. PHI is permitted by law to be disclosed without authorization in submitting insurance claims and billing the client for sessions as part of standard health care operations.
5. For health oversight activities, including audits and investigations. If it is required by the Secretary of Health and Human Services to investigate my compliance with HIPAA, I may release PHI.
6. Lawsuit against me. If it is for my use in defending myself in legal proceedings instituted by you.

IV. CERTAIN USES AND DISCLOSURES YOU HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. If I receive your request and permission to do so, I may provide your PHI 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 object in whole or in part at any time.

V. YOU HAVE THE RIGHT TO REQUEST YOUR RECORDS

1. Progress Notes. I do keep "progress notes" as required by law. These include dates and times of our meetings, the services performed, and a summary of our time together. You have the right to request your records at any time.

I am allowed to make changes to this notice if changes continue to be in accordance with federal law. If changes are made to this notice, I am required to inform you of such.

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 signing, you are acknowledging that you have read and understood these federal HIPAA requirements to maintain your protection and exceptions for disclosures. By signing, you understand that Oak & Fern psychotherapy is operating under these federal privacy laws.