

## **NOTICE OF PRIVACY PRACTICES**

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

### **Definition of Protected Health Information**

"Protected health information" (PHI) means any individually identifiable health information that is created or received by a health care provider, health plan, insurer, or other covered entity. Your PHI relates to your past, present, or future physical or mental health or condition, the health care provided to you, or payment for that health care.

The treatment records created and maintained by Third Space Psychotherapy & Consultation LLC contain individually identifiable health information about you. This Notice of Privacy Practices explains how that information may be used and disclosed, and how you can access it.

### **Confidentiality and Exceptions**

The confidentiality of your PHI is protected by federal privacy regulations (HIPAA). Ordinarily, what you share remains confidential between you and your therapist. However, there are specific exceptions to that confidentiality as outlined below.

### **Uses and Disclosures Without Your Written Consent**

Portions of your personal "protected health information" may be disclosed without your written consent:

- if a consult with another licensed health care provider is needed in order to help you get the services you need
- if Third Space Psychotherapy & Consultation LLC need to disclose parts of your personal "protected health information" to your insurance company or other third-party payer in order to receive payment,
- if our records containing your personal "protected health information" are audited by your health plan provider/insurance company to make sure services meet quality standards. Portions of your personal "protected health information" may also be disclosed without your written consent
- if you need help in an emergency
- if there is danger to yourself or others and disclosure is necessary to prevent harm,
- if there is reason to suspect that a child, or a disabled adult is being abused or neglected
- if a court of law orders the release of the information
- if disclosure is compelled by a board, commission, administrative or oversight agency according to its lawful authority
- if you are a minor, "protected health information" may be released to your parent or legal guardian when permitted or required by state or federal law

Other uses or disclosures may be made

*with*

your written consent. The written consent must specify which parts of the information are to be released, to whom, for what purpose and for what period of time. In general, uses or disclosures by me of your "protected health information" will be limited to the minimum necessary to accomplish the intended purpose.

### **Use of a Medical Biller**

To assist with administrative and insurance-related functions, Third Space Psychotherapy & Consultation LLC contracts with Heather Meyers with Willamette Valley Medical Billing for professional billing services. Heather will have access to limited identifying and billing information, such as your name, date of birth, insurance details, and dates of service, for the purpose of verifying benefits, submitting claims, and processing payments. She does not have access to therapy notes or other clinical content. Willamette Valley Medical Billing is bound by a Business Associate Agreement (BAA) in compliance with HIPAA, ensuring that your information is handled securely and confidentially.

Other uses or disclosures of your PHI will only be made with your written consent. The written consent must specify which parts of the information are to be released, to whom, for what purpose, and for what period of time. In general, any use or disclosure of your PHI will be limited to the minimum necessary to accomplish the intended purpose.

### **Your Rights Regarding Protected Health Information**

You have the right:

- to request restrictions on certain uses or disclosures of your protected health information. we are not required to agree to your request based on the disclosure statement above.
- to ask us to contact you only in certain ways - for example, to only call you at home
- to look at and make copies of your "protected health information"
- to ask for changes to parts of your "protected health information"
- to be informed of any release of your "protected health information"
- to receive a copy of any authorization you might sign to release "protected health information"
- to obtain a paper copy of this Notice of Privacy Practices from me upon request.

### **Our Duties Regarding Privacy of Personal Health Information**

We are required by law to maintain the privacy and confidentiality of your PHI and to abide by the terms of this notice. We ensure that all staff and agents, including contracted business associates such as Willamette Valley Medical Billing, follow these privacy policies and procedures.

Client records and information are kept secured and are not accessible to individuals who do not need them.

### **Complaints**

If you believe your privacy rights may have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services.

Complaints to the Secretary must be submitted in writing and sent to the U.S. Department of Health and Human Services. You can find the address on their website at [www.hhs.gov/ocr/privacy](http://www.hhs.gov/ocr/privacy).

### **Questions**

If you have any questions or need further information about this Notice or its contents, please let us know. We will do our best to answer your questions and provide additional information.