



COURAGE PSYCHOTHERAPY, LLC
P: 503-470-1520 F: 503-470-1191
E: gracejacobson@couragepsychotherapy.com

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding the contents of your Clinical Record and how that information is used will (1) help you to better understand when others may have access to your health information and (2) assist you in making more informed decisions when authorizing disclosures. Your record is the physical property of Dr. Grace K. Jacobson; the information within the record belongs to you. In using and disclosing your health information, it is my policy to be in compliance with the Privacy Standards of the federal Health Insurance Portability and Accountability Act (HIPAA).

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 05/01/2022.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

I may use or disclose your Protected Health Information (PHI) for treatment, payment, and health care operations purposes with your consent. To help clarify this statement, the following definitions are provided:

- "Use" applies to activities within my office such as utilizing, examining, and analyzing your PHI.
- "Disclosure" applies to activities outside my office, such as releasing, transferring, or providing access to your PHI.
- "Protected Health Information (PHI)" refers to any individually identifiable health information maintained or transmitted by me that relates to (1) the past, present, or future physical or mental health or condition of an individual; (2) the provision of health care to an individual; or (3) the past, present, or future payment for the provision of health care to an individual.
- "Treatment" is when I provide, coordinate, or manage your health care and other services related to your health care. This includes when I consult with other health care providers, such as your family physician or another psychologist, and when I make referrals.
- "Payment" includes what a health care plan does to collect premiums, determine eligibility and coverage, and provide payments. This includes when I disclose your PHI to your health insurer to determine eligibility or coverage or to obtain reimbursement.
- "Health Care Operations" are activities that relate to the performance, operation, and maintenance of my practice. Examples of health care operations are quality assessment and



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improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

- "Consent" refers to your consent and agreement, which you indicate by your signature, on this document or on the INFORMED CONSENT FOR PSYCHOTHERAPY or CONSENT FOR TELEHEALTH SERVICES documents.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

I may use or disclose confidential information, including but not limited to PHI, for purposes of treatment, payment, and health care operations when your written informed consent has been obtained. I may also use or disclose your PHI for purposes outside of treatment, payment, and health care operations only with your written AUTHORIZATION. An "Authorization" is specific, written permission above and beyond general consent. When information is requested for purposes other than treatment, payment, and health care operations, I will obtain an AUTHORIZATION from you before releasing the information. You may revoke an AUTHORIZATION at any time, provided the revocation is in writing. You may not revoke an AUTHORIZATION to the extent that (1) I have already acted on the AUTHORIZATION or (2) the AUTHORIZATION was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

USES AND DISCLOSURES THAT DO NOT REQUIRE CONSENT NOR AUTHORIZATION

I may use or disclose your PHI without your consent or authorization in the following circumstances. If any of these situations arise, whenever possible, I will make every effort to discuss it with you before taking action, and I will limit my disclosures to what is minimally necessary.

- Child Abuse: If I have reasonable cause to believe that a child has been abused, I may be required to report the abuse and turn over PHI. Regardless of whether I am required to disclose PHI, I have an ethical obligation to prevent harm to my patients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI.
- Abuse of Mentally Ill or Developmentally Disabled Adults: If I have reasonable cause to believe that a mentally ill or developmentally disabled adult has been abused, I may be required to report the abuse and turn over PHI. Regardless of whether I am required to disclose PHI, I also have an ethical obligation to prevent harm to my patients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI.



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- Other Abuse: If I have reasonable cause to believe that other forms of abuse have occurred, I may have an ethical obligation to disclose PHI in order to prevent harm to my patients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI.
- Clear and Immediate Danger: If I believe that there is a clear and immediate danger to others or society, I may report relevant information to the appropriate authorities.
- Future Crimes: If I believe there is a clear and serious intent to commit a future crime involving physical injury, threat to physical safety of anyone, sexual abuse, or death; and if I believe there is a danger of the crime being committed; then I may report information to the authorities.
- Medical Emergency: I may disclose PHI that would facilitate treatment in the case of a medical emergency or involuntary commitment. This includes situations in which a person poses a danger to self or others. Such disclosures may also be covered under HIPAA.
- Legal Proceedings and Court Orders: I may have to release your PHI if I receive a court order to do so. It is outside the scope of my practice to provide forensic or custody-related evaluations. If you become involved in a lawsuit and your mental or emotional condition is an element of your claim, you may be responsible for legal fees associated with my participation in that case.
- Legal Defense: If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- Government Health Oversight: If the Board of Psychology for a state in which I am licensed, or a government agency requests PHI for health oversight activities, I may be required to provide it.

While this summary of the exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In specific situations, formal legal advice may be needed.

PATIENT'S RIGHTS

HIPAA provides you with the following rights with regard to your Clinical Record and disclosures of your Protected Health Information. I will be happy to discuss any of these rights with you upon request. Should you wish to utilize any of these rights, please make your request in writing. If necessary, I can provide you with the proper form or procedure.

- Right to Request Restrictions: You have the right to request restrictions on the uses and disclosures of your PHI. However, I am not required to agree to a restriction that you request.



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- Right to Receive Confidential Communications: You have the right to request that I communicate with you in certain ways or at certain locations. For example, you can ask that I only contact you at work or by mail. All reasonable requests will be accommodated.
- Right to Inspect Records: You have the right to inspect and/or receive a paper copy of your PHI in my mental health and billing records for as long as the PHI is maintained in the record. You may be charged a copying/printing fee of \$30 for the first ten pages, \$0.50 per page up to 50 pages, and \$0.25 per page for over 50 pages, plus any postage. I may deny access to PHI under certain circumstances and in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- Right to Amend: You have the right to request an amendment of your PHI for as long as the PHI is maintained in the record. However, I am not required to agree to your amendment. On your request, I will discuss with you the details of the amendment process.
- Right to an Accounting: You have the right to receive an accounting of disclosures of your PHI for which you have neither provided consent nor authorization. I am not required to account for disclosures for treatment, payment, health care operations, or pursuant to an authorization, among other exceptions. On your request, I will discuss with you the details of the accounting process.
- Right to a Paper Copy: You have the right to obtain a paper copy of the NOTICE from me upon request, even if you have agreed to receive the NOTICE electronically.

PSYCHOLOGIST'S DUTIES

- I have a legal duty to maintain the privacy of your PHI.
- I will abide by the terms of the current NOTICE.
- I will not disclose your PHI for any other purpose without your AUTHORIZATION.
- I will make sure that all business associates comply with HIPAA regulations and procedures.
- If I revise the NOTICE, I will provide a summary of the revised NOTICE to you.
- Upon request, I will provide you with a copy of the current NOTICE.
- If state or federal law prohibits or further restricts disclosure of your PHI, I will follow the more stringent law.

COMPLAINTS

If you believe that your privacy rights have been violated, please contact me immediately, so that we can attempt to address your concerns together. If you are not satisfied with our resolution of your concerns, you may file a complaint with the Office for Civil Rights in the U.S. Department of



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Health and Human Services, and you will not experience any retaliation from me for filing a complaint.

EFFECTIVE DATE, RESTRICTIONS, AND CHANGES TO PRIVACY PRACTICES

The effective date of this NOTICE is located at the very top of this document. I reserve the right to change the terms of this NOTICE and to make the revised or changed NOTICE effective for all PHI that I maintain, including PHI collected previously. I am not obligated to tell you when the NOTICE has changed, but I will send you a summary of the revised NOTICE, with its effective date at the top. You are entitled to request and receive a copy of the current NOTICE at any time.