Mind's Eye Center for Mental Health and Wellness
2651 NW Thurman Street, Suite 101
Portland, OR 97210
Phone: 503-954-2403
Fax: 503-946-1156
Mindseyementalhealth.com

Notice and Acknowledgement of Privacy Practices

This notice explains our privacy practices, which everyone in our office is required to follow in order to safeguard your protected health information.[1] After you have read this entire document, please sign at the end to acknowledge that you understand what you read. If you do not understand any part of this document, please ask us for clarification. Please also note that our privacy practices may be revised from time to time. Our website will reflect the most up-to-date information.

What is Protected Health Information, or PHI?

The law requires us to safeguard your "protected health information," or PHI. **Your PHI is any individually identifiable information in any form or medium (i.e. spoken words, electronic data, or treatment notes) that relates to your past, present or future: (1) physical or mental health; (2) health care; (3) payment for health care.** Your PHI includes both information created by AND received by this office.

How Mind's Eye May Use Your Protected Health Information

Billing Your Insurance: If we bill insurance on your behalf we will use your PHI to do so, including your name and address, the diagnosis assigned to you by your doctor at Mind's Eye, and the date and type of treatment rendered.

Treatment: We may use your PHI to provide you with medical treatment or services. For example, your Mind's Eye doctor may request that you disclose to us past medical records from other treatment providers in order for us to devise the best treatment plan for your present condition (although this is not required in order for you to receive treatment here). Another example is that we will disclose your PHI to your pharmacy in order to prescribe medication to you.

Public Health: We may disclose PHI we are required by law to report for public health reasons, such as suspected child abuse or abuse of mentally ill/ disabled adults, suspected contagious disease, or suspected unreported birth or death. *We may also disclose your PHI if we believe that you pose a clear and immediate danger to the physical safety of yourself or others.*

Medical Emergency: We may disclose your PHI in order to facilitate your care in the event of a medical emergency.

[1] If your child is the patient, please replace the word "your" with "your child('s)".

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Workers' Compensation: If you file a Workers' Compensation claim, we may release your PHI to involved parties and officials.

Health Oversight: We may have to disclose your PHI to a government agency performing health oversight functions such as audits, investigations, inspections, or licensing reviews.

Legal Disputes: If you are involved in a legal dispute we may disclose your PHI to third parties if we are ordered by the court to do so (including via subpoenas from lawyers). We may also disclose your PHI to defend ourselves if you sue us.

Law Enforcement: We may disclose your PHI to law enforcement and/or court officials if ordered by the court to do so.

Family: If you are under the age of 18 we may disclose your PHI to family members who are involved in your care if we believe it is in your best interest, even if you object. For example, if we believe that you are suicidal, we may disclose as much of your health information as is necessary to inform the family member most closely involved in your care that you require emergency care. However, if you are over the age of 14, and you object to us disclosing your health information to family members without your (verbal) consent, we will do so only if we believe that you are not capable of acting in your best interest.

Consultation: We reserve the right to anonymously consult a supervisor in a confidential setting regarding your care.

Requesting A Copy of Your PHI and/or Requesting a Correction in Your Record

All of the PHI we keep about you in this office is on paper, including an accounting of whom we have disclosed it to, if anyone. You have a right to look at your record, and to request a copy. You also have the right to request a correction if you believe there is an error in your record.

Before we will provide you with a copy of your PHI you must complete two steps:

(1) Provide a written, signed request;
(2) Pay a $40 administrative fee.[2]

Under the law Mind's Eye has 30 days to process your request for a copy of your PHI, and a 30 day extension to process a correction request, including providing you with an explanation if we decide not to make the requested change.

[2] In addition, a $600 retainer must be paid before we will communicate with an attorney at your request.

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Emailing Your PHI

Mind's Eye uses encrypted email for privacy, but you or your other providers may not. Please sign the acknowledgement below to grant us permission to email you messages that contain your PHI. Emailing Mind's Eye also grants us permission to respond to your email.

Selling Your PHI/ Marketing

We will not sell your PHI to anyone. Nor will we use your PHI for marketing purposes without first obtaining your written permission.

Requesting a Restriction on Our Use/ Disclosure of Your PHI

You have the right to request that we NOT disclose to your *health plan* information about care you have paid for out-of-pocket. We have the right to deny this request only if disclosure is required by law.

You also have the right to request that we not disclose any aspect of your PHI to a specific person (such as a family member) who might otherwise have the right to access your PHI, or that we not disclose a specific fact about your health care to anyone. We have the right to deny your request if the disclosure is required by law, or if we believe an emergency necessitates doing so.

To request a restriction on our use/disclosure of your PHI, please provide us with a written request.

Requesting Confidential Communications About Your PHI

Finally, you have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you might prefer that we only contact you on your cell phone, or via email. To request such a restriction, please provide us with a written request.

Breach/ Filing A Complaint

In the unlikely event that we accidentally disclose your PHI we will notify you in writing. If you believe your PHI rights have been violated please tell us immediately. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services or the Oregon State Department of Health.

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Acknowledgment

I have read and understood Mind's Eye's Privacy Practices.

Signature:_____

Date:_____

I consent to Mind's Eye sending emails that contain my/my child's PHI.

Signature:_____

Date:_____

Preferred email address(es):

I consent to Mind's Eye leaving voicemail messages that contain my/ my child's PHI.

Signature:_____

Date:_____

Preferred phone number(s):

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