



Kelly Yan

Psychiatric Mental Health Nurse Practitioner

HIPAA NOTICE OF PRIVACY PRACTICES

This document describes how the confidentiality of your health care information is managed by Kelly Yan PMHNP. Please review this document carefully and let us know if you have any questions.

Protected Health Information (PHI)

Your Protected Health Information (PHI) is information about your health that cannot be disclosed without your permission except under certain circumstances. This information may include your diagnoses, medications, medical conditions, test results, treatment history, biopsychosocial history, trauma history, drug or alcohol use, health care providers, medical billing information, or other types of information relating to your health care. This information can exist in physical or electronic form. Except for the purposes described below, PHI is disclosed only with your written permission. You may revoke that permission at any time.

Use and disclosure of information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) established national standards on the storage, use, and disclosure of health information. It allows for the use and disclosure of PHI to provide necessary care. When disclosure of PHI is necessary, only the minimum required amount of information will be disclosed. Below are the circumstances in which your PHI may be disclosed:

ROUTINE DISCLOSURES

These types of disclosures are necessary to support your care. The recipients of PHI are bound by HIPAA rules or have signed a Business Associate Agreement that commits them to maintaining the confidentiality of the information. Entities allowed to receive PHI include:

- Labs and pharmacies involved in your care.
- Your health insurance provider and its agents, for the purpose of billing, payment, audits, quality assurance, or authorizations for treatment and medications.
- Administrative staff at Kelly Yan PMHNP involved in supporting your care through activities such as billing, scheduling or communication.
- Business partners involved in the maintenance and security of records, such as the Electronic Health Records (EHR) vendor, email provider, information storage vendor, fax service, and IT support.
- Clinical consultants, such as colleagues and experts, with whom we might discuss your care. All personal identifying information will be removed from these discussions.
- Other health care providers involved in your care, such as a primary care provider or psychotherapist. No information about your care will be disclosed to other health care providers without your written authorization (Release of Information form), except in emergency situations.
- Government agencies as required by law, including the Oregon Prescription Drug Monitoring Program, the Board of Nursing, or other agencies.
- Parents and guardians of clients under age 18 or under legal guardianship have the right to request the client's medical records.
- Care will be discussed with family members or other support people only if you invite them to appointments or if you give written authorization (Release of Information).



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SPECIAL SITUATIONS

Special circumstances in which your PHI may be disclosed without your prior authorization:

Safety and preservation of life:

- If your life or someone else's life is in danger, we have a duty to disclose information for the purposes of safety and protection.
- If you provide specific information that a minor (under age 18), an elder (over age 65) or a disabled person is the victim of abuse or neglect, we are legally required to report the situation to the state Department of Human Services (DHS).
- If your PHI is relevant in the case of a public disaster, community emergency, or other threat to public health and safety, we will disclose the information to the appropriate authorities.

Legal proceedings: We will comply with subpoenas, court orders or other legal requirements to testify or disclose information, although we may contest the order in some circumstances. We reserve the right to use your information to defend ourselves in a lawsuit or legal proceeding if appropriate and necessary.

Parent/guardian: If you are a minor (under 18) or an adult under guardianship, we may disclose information to your parent or guardian if the information is necessary to support your well-being or the well-being of your family.

Psychotherapy Notes

Under HIPAA, Psychotherapy Notes have a higher level of protection against disclosure than medical notes. Psychotherapy Notes are recorded in any medium by a mental health professional to document or analyze the contents of a private counseling session. These notes are kept separate from the rest of the client's medical record and psychiatric progress notes. In most cases, providers keep just one set of progress notes that include both psychiatric and psychotherapy content. Providers attempt to avoid detailing highly sensitive information in these notes.

Security of Records

Records are securely stored electronically by our Electronic Health Records (EHR) system. We try to minimize the use of physical (paper) records. We use secure communication channels to transfer data. These channels include the U.S. Post Office, fax, private telephone line, and private in-person conversations.

Emails and texts: Unless special technical arrangements are made, email and SMS texting is not considered a secure form of communication. Clients may opt to assume the risks of email and text communication for the sake of convenience. To allow communication by email or text, please initial next to the appropriate lines on the Policy Statement. Any emails or texts exchanged may become a part of your medical record. Avoid using work, school or shared emails in order to protect your privacy.

Your Rights

Except as listed under Use and Disclosure of Information, you have the right to determine how your PHI is handled.

Exceptions to routine disclosures: You have the right to request restrictions ("opt out") on the routine disclosures of your health information. You must make a written request specifying what information you want to limit, and what use or disclosure you want to limit. We may deny this request if we feel it would



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compromise your care or compromise our integrity as health care providers. Instead, we would work with you to find an acceptable compromise or to address your concerns. Unless required by law, we will honor requests to not disclose to your health insurance company any out-of-pocket payments you make in full for our services.

Authorizations to use and disclose information: To better support your care, you may wish to authorize (“opt in”) the disclosure or exchange information with certain parties, such as your primary care provider, psychotherapist, school, employer, or family member. You can do this by signing an Authorization to Release Protected Health Information form (also called Release of Information, or ROI). You may specify the type of information to be disclosed and the date or circumstances upon which the release expires. Unless otherwise specified, releases will expire 30 days after the end of treatment. You may revoke a release at any time by submitting a written request.

Disclosure of disclosures: You have the right to submit a written request for a list of disclosures our practice has made of your information. Unless legally bound to withhold it, a list will be provided.

Communication methods: You have the right to specify the circumstances and methods by which we communicate. Please submit a request in writing.

Transfer of records: You may request that we send your medical records to another party. There is no charge for records sent to other providers in order to collaborate in your care or to your insurance company to facilitate medications and services. There may be a nominal charge in other situations.

Access to your records: You may request an electronic or paper copy of your records. There may be a small fee.

Change your health information: You have the right to correct information that you think is incorrect or incomplete. Please submit the request in writing. We do reserve the right to deny the requested changes if we feel they are inappropriate, but your request will be noted in the record.

Privacy violations and complaints: If we become aware that your confidentiality has been breached, we will inform you promptly and work with you to seek a remedy if possible. If you believe your HIPAA rights have been violated, you may file a complaint in writing with our office or with the Office of Civil Rights of the U.S. Department of Health and Human Services. You can contact them at 1-800-368-1019 or at <https://ocrportal.hhs.gov>. You will not be penalized in any way for filing a complaint.

Updates to privacy practices: We reserve the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to PHI already in our records. You will be notified of any significant changes promptly in person, by email, or by letter. At any time, you may request a copy of this Notice or view it on our website.

I have read the Notice above and I agree to its terms. I can request a copy for my records.

Signature: _____ **Date:** _____

If signed by person other than client:

Name: _____ Relationship to client: _____