



THIS NOTICE DESCRIBES HOW CLINICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED,
AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY - Effective Date: 08/09/2021

WHO WILL FOLLOW THIS NOTICE

This notice describes confidentiality practices followed by the staff of Positive Inner Self, LLC.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the health care and services you received at Positive Inner Self, LLC. Your health information may include information created and received by Positive Inner Self, LLC, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, diagnoses, treatments, procedures, related billing activity and similar types of health-related information. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose health information for the following purposes:

- **For Treatment:** We may use health information about you to provide with treatment or services. We may disclose health information about you to doctors, nurses, technicians, staff or other personnel who are involved in taking care of you and your health. We will request your permission before sharing health information with your family or friends unless you are unable to give permission to such disclosures due to your health condition.
- **For payment:** We may use and disclose health information about you so that the treatment services you receive at Positive Inner Self, LLC may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will pay for the treatment.
- **For Health Care Operations:** We may use and disclose health information about you in order to run Positive Inner Self, LLC. and make sure that you and our other patients/clients receive quality care. For example: we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients/clients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective. We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff, and comply with the law.

SPECIAL SITUATIONS

We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

- **To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person
- **Required By Law:** We will disclose health information about you when required to do so by federal, state or local law.
- **Research:** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your written permission if the researcher requires access to your name, address

or other information that reveals who you are, or will be involved in your care at the office.

- **Military, Veteran, National Security and Intelligence:** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation:** We may release health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks:** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability, or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- **Health Oversight Activities:** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
- **Law Enforcement:** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- **Information Not Personally Identifiable:** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- **Family and Friends:** We may disclose health information about you to your family members or friends if we obtain your verbal and/or written agreement to do. In situations where you are not capable of giving consent (because you are not present or due to incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. We may also use our professional judgement and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf. If Declaration of Mental Health Information is signed, we will follow those directions first.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. Examples of disclosures requiring your authorization include disclosures to your partner, your spouse, your children and your legal counsel.

We will also not use or disclose your health information for the following purposes without your specific, written authorization:

- **For our marketing purposes:** This does not include face-to-face communication about products or services that may be of benefit to you and about services you have already been prescribed.
- **Any disclosure of your mental health service notes:** These are the notes that your behavioral health provider maintains that record your appointments with your provider and are not stored with your clinical record.

If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, **in writing**, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as mental health notes, HIV, substance abuse, mental health, and generic testing information for purposes such as treatment, payment and healthcare operations.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy your health information, such as billing and clinical records, that we keep and use to make decisions about your care. You must submit a written request to our Privacy Officer in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. A modified request may include requesting a summary of your clinical record. If you request to view a copy of your health information, we will not charge you for inspecting your health information. If you wish to inspect your health information, please submit your request in writing to our Privacy Officer. You have the right to request a copy of your health information in electronic form if we store your health information electronically.
- **Right to Amend:** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by Positive Inner Self, LLC. To request an amendment, complete and submit a clinical record amendment/correction form to our Privacy Officer. We may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny or partially deny your request if you ask us to amend information that:
 - We did not create, unless the person or entity that created the information is no longer available to make the amendment
 - Is not part of the health information that we keep
 - You would not be permitted to inspect and copy
 - Is accurate and complete

If we deny or partially deny your request for amendment, you have the right to submit a rebuttal and request the rebuttal be made a part of your clinical record. Your rebuttal needs to be 2 pages in length or less and we have the right to file a rebuttal responding to yours in your clinical record. You also have the right to request that all documents associated with the amendment request (including rebuttal) be transmitted to any other party any time that portion of the clinical record is disclosed.

- **Right to an Accounting of Disclosures :** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of clinical information about you for purposes other than treatment, payment and health care operations, when specifically authorized by you and a limited number of special circumstances involving national security, correctional institutions, and law enforcement. To obtain this list, you must submit your request in writing to our Privacy Officer. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists we may charge you for the costs of providing this list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not call you at your office, or that we not communicate with a certain family member, no matter what the circumstance. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information. **We are required to agree to your request** if you pay for treatment, services, supplies “out of pocket” or you have obtained a scholarship from our agency, and you request the information not be communicated to your health plan for payment or health care operation purposes.

There may be instances where we are required to release information if required by law.

To request restrictions, you may complete and submit the Request for Restriction on Use/Disclosure of Clinical Information to our Privacy Officer.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about clinical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work

or by mail. To request confidential communications, you may complete and submit a Request for a Restriction on Use/Disclosure of Clinical Information and/or Confidential Communication to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. You may also find a copy of this Notice on our website. To obtain such a copy, contact our Privacy Officer.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for clinical information we already have about you as well as any information we receive in the future. We will post the current notice at our locations with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect. We will inform you of any significant changes to this Notice. This may be through our newsletter, a sign prominently posted at our locations, a notice posted on our website, or other means of communication.

BREACH OF HEALTH INFORMATION

We will inform you if there is a breach of your unsecured health information.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services at:

Office of Civil Rights Region- U.S. Department of Health and Human Services
 Building 410, Mail Stop #0190
 Washington, D.C. 20528
 Phone: 202-401-1474; Toll Free: 1-866-644-8360 TTY:
 202-401-0470; Toll Free TTY: 1-866-644-8361 Fax:
 202-401-4708
 By email: crcl@dhs.gov

To file a complaint with Positive Inner Self, LLC, contact our Clinic Director at (971) 233-6052 **You will not be penalized for filing a complaint.**

The above information has been read and I have a general understanding of this Notice, and a copy of this form was given to me.

Client’s Name	DOB
Responsible Party’s Signature*	Date
Print Name	Relationship to Client

*May be requested to show proof of representative status