

East Cascade Counseling Services LLC

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Notice of Privacy Practices

East Cascade Counseling Services LLC (ECCS) is required to provide you with this notice about its Protected Health Information (PHI) practices. This Notice Describes How Information About You May Be Used And Disclosed And How You Can Get Access To This Information. Please Review It Carefully.

ECCS May Use And Disclose Your PHI Without Your Authorization for:

Treatment – ECCS may use your PHI with healthcare providers involved in your care. For example, your information may be used in order to create and carry out a plan for your treatment.

Payment – ECCS may use and disclose your PHI to bill and collect payment for treatment and services provided. Example: ECCS provides your PHI to our business associate that processes health care claims for our office, and to your insurance company in order to receive payment for services provided.

Healthcare Operations – ECCS may use or disclose to facilitate the efficient and correct operations for our practice. For example, ECCS may review your PHI to evaluate the quality of services that you received or to evaluate the performance of the healthcare professional who provided your care.

Other purposes for which ECCS is permitted or required to use or disclose PHI without your consent or authorization:

1. In the case of emergency, or if you are incapacitated, ECCS may use professional judgment to disclose your PHI as the disclosure is in your best interest.
2. ECCS may use and disclose PHI in order to avoid a serious threat to your health and safety or to the health and safety of another person or the public.
3. In the case of mandatory reporting laws in Oregon, ECCS is required by law to report reasonable suspicions of Abuse and Neglect of Elderly, Disabled Persons and Children.
4. When disclosure is required by federal, state or local law, judicial and/or administrative proceedings, court orders or specific law enforcement purposes if certain conditions are met. If you are involved in a lawsuit or dispute ECCS may share your information in response to legal mandates.
5. ECCS may disclose PHI to the extent allowed by state workers compensation laws.
6. To coroners, medical examiners and funeral directors.
7. For certain specialized government functions/programs. For example, ECCS may disclose PHI to the Social Security Administration for the determination of Supplemental Security Income (SSI) benefits.
8. If disclosure is otherwise specifically required by law.

9. ECCS may disclose appropriate PHI to your family or other persons who are immediately involved in your care or for payment for care as long as you agree or do not object.

Other Uses and Disclosures of PHI Require Your written Authorization:

In any other situation not described above, ECCS will request your written authorization before using or disclosing any of your PHI. For example, ECCS will ask for written authorization (Release of Information) before disclosing information about your mental health to a teacher, other provider, support person or your lawyer.

If you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures. However, ECCS cannot withdraw any uses or disclosures that were already made with your permission.

Your Individual Rights Regarding Your PHI:

1. The right to request restrictions on uses or disclosures of PHI for treatment, payment or healthcare operations. You may make the request in writing, explaining what information you want to limit and to whom you want the limits to apply. ECCS is not required to agree to your request.
2. The right to see and get copies of your PHI. You must submit the request in writing and you will be charged a fee for the cost of copying records. ECCS may deny your request in certain circumstances.
3. The right to correct or update records. You may ask ECCS to change or add missing information to your records if you feel they contain any errors. You must submit this request in writing and provide the reason for your request. ECCS may deny your request in certain circumstances.
4. The right to ask ECCS for a list of PHI disclosures as they pertain to you. You must make this request in writing. The disclosures list will not include situations in which PHI was disclosed for treatment, payment, healthcare operations or situations in which PHI was provided directly to you or your family, or that was disclosed with your authorization.
5. The right to receive a paper copy of this notice.
6. The right to file a complaint or report a problem regarding the privacy practices of ECCS.

ECCS is required by law to:

1. Maintain the privacy of PHI.
2. Provide individuals with notice of its legal duties and privacy practices with respect to PHI.
3. Notify affected individuals following a breach of PHI.
4. Abide by the terms of this Privacy Practices policy currently in effect.

How to file a complaint or report a problem - If you have any questions about this notice or any complaints about ECCS privacy practices, please submit in writing to:

East Cascade Counseling Services LLC

731 NW Franklin Ave., Suite 107

Bend, OR 97703

You can also file a complaint with the Secretary of Health and Human Services.

Notice Effective date: January 1, 2013

Notice revised: January 1, 2020

ECCS may change its Notice of Privacy Practices at any time. Any changes will apply to current and future PHI. A copy of changes will be on ECCS website and otherwise provided to you as required by law.