

Notice of Privacy Practices

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Your Information. Your Rights. My Responsibilities.

This notice describes how your health information may be used or disclosed, your rights regarding that information, and my responsibilities for protecting your privacy.

1. Your Privacy Rights

You have the right to:

- **Access your records.** Request an electronic or paper copy of your clinical records. I will generally respond within 30 days, subject to applicable law.
- **Request corrections.** Ask me to correct information you believe is inaccurate or incomplete. If I deny your request, I will explain the reason in writing, generally within 60 days, subject to applicable law.
- **Request confidential communication.** Ask me to contact you through a particular method or at a particular address. I will accommodate reasonable requests.
- **Request restrictions.** Ask me to limit certain uses or disclosures of your information. I am not always required to agree, except in certain circumstances involving services you have paid for in full and do not want disclosed to your health insurer.
- **Request an accounting of disclosures.** Obtain information about certain disclosures of your health information during the preceding six years, subject to applicable exceptions.
- **Receive a copy of this notice.** Request a paper copy at any time.
- **Designate a personal representative.** Have someone legally authorized to act on your behalf exercise applicable privacy rights.
- **File a complaint.** Contact me or the U.S. Department of Health and Human Services if you believe your privacy rights have been violated, without fear of retaliation.

2. How Your Information May Be Used or Disclosed

Your health information may be used or disclosed without your written authorization when permitted or required by law, including for:

- **Treatment:** Providing psychotherapy and coordinating care with other healthcare professionals.
- **Payment:** Processing insurance claims, verifying coverage, and receiving payment.
- **Healthcare operations:** Managing my practice and carrying out permitted administrative activities.

Other disclosures may be permitted or required in circumstances involving suspected abuse or neglect, serious threats to health or safety, legal proceedings, public health activities, government oversight, or other legal obligations. These disclosures are subject to applicable federal and Oregon confidentiality protections.

3. Your Choices and Authorization

In some circumstances, you may decide whether information is shared with family members or others involved in your care.

Other uses or disclosures generally require your written authorization, including most disclosures of separately maintained psychotherapy notes, marketing uses, and sales of protected health information.

You may revoke an authorization in writing, except to the extent that action has already been taken in reliance on it. I do not sell patient health information.

Health information disclosed to an authorized recipient may be redisclosed and may no longer be protected by HIPAA, unless other confidentiality laws apply.

4. Special Protections for Mental Health and Substance Use Disorder Records

Mental health treatment records may be subject to additional confidentiality protections under Oregon law. Certain substance use disorder treatment records are protected by federal regulations under 42 CFR Part 2. If I receive or maintain these records, I will handle them according to applicable requirements, including restrictions on consent, disclosure, and redisclosure. Part 2 records generally cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order meeting federal requirements. When Part 2 information is used or disclosed for fundraising purposes, applicable rules provide patients with an opportunity to opt out of fundraising communications.

Separately maintained psychotherapy notes and substance use disorder counseling notes may be subject to additional protections.

5. Electronic Records and Communications

I maintain electronic clinical records using safeguards intended to protect your health information. Third-party service providers supporting my practice are subject to applicable privacy and security requirements.

Ordinary email may involve privacy risks. I encourage patients to use email primarily for scheduling and administrative matters rather than sensitive clinical information.

6. My Responsibilities

I am required to protect the privacy and security of your health information, notify you of breaches when legally required, and follow the privacy practices described in this notice. I will not use or disclose your information in ways that require authorization without obtaining that authorization.

7. Changes to This Notice

I may update this notice as my practices or legal requirements change. The current notice will be available on my website and upon request.

8. Questions or Complaints

For questions about this notice, privacy requests, or complaints, please contact:

Kate Shirley, Ph.D.

Privacy Contact

503-395-8453

drkateshirley@gmail.com

www.drkateshirley.com

You may also file a complaint with:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue SW

Washington, DC 20201

1-877-696-6775

<https://www.hhs.gov/hipaa/filing-a-complaint/>

You will not be penalized or retaliated against for exercising your privacy rights.