



Notice of Privacy Practices

Each new NW ADHD client receives a Notice of Privacy Practices as part of the intake process and informed consent. This notice is written in plain language and contains the elements required by HIPAA.

The current version is available in the waiting areas. A copy can be made available to any client upon request.

The intake clinician or staff orients clients to the Notice and answers any questions the client may have.

The client is asked to sign an Acknowledgement of Receiving the Notice. This Acknowledgement is kept in the clinical record. The client is encouraged to keep a copy.

The Notice is posted prominently on the NW ADHD website. It is available upon request by any person.

If the Notice is revised, it is posted in the waiting area.

Copies of previous versions are kept for a period of six years from the date of creation or effective date, whichever is later.

Personal Protected Health Information (PHI) Northwest ADHD Treatment Center may collect as part of your engagement in care:

1. Name
2. Postal information including street address, city, state, and zip code
3. Telephone numbers
4. Fax numbers
5. Electronic mail addresses
6. Social security numbers
7. Medical record numbers
8. Health plan beneficiary numbers
9. Account numbers
10. Certificate/license numbers
11. Vehicle identifiers and serial numbers, including license plate numbers
12. Device identifiers and serial numbers
13. URLs
14. IP addresses
15. Biometric identifiers, including finger or voice prints
16. Full face photographic images or comparable images

Permitted Uses or Disclosures: Treatment, Payment, and Health Care Operations (TPO)

NW ADHD may use or disclose PHI for

- It's own internal TPO
- Coordinating care with other healthcare providers involved in mutual client care, as outlined in the Notice (other than genetic or HIV information). The PHI is pertinent to both parties, unless it is substance abuse treatment records
- Obtaining payment for services provided to a client
- Healthcare Operations with a Business Associate
- Payment for activities of a another healthcare provider acting on behalf of NW ADHD (e.g., contracted provider)
- Operations with another provider only if both providers have had a relationship with the client, the PHI pertains to the relationship, conducting quality assessment/improvement, outcomes, guideline development, population-based activities for improving health/costs, protocol development, and evaluation functions.
- Northwest ADHD Treatment Center is permitted by HIPAA to share your data with third parties only as it pertains to your engagement in services at Northwest ADHD Treatment Center. Northwest ADHD Treatment Center is required by HIPAA to enter business associate agreements (BAA) with third parties that may use your data as it pertains to your care. The BAA ensures the third party safeguards PHI, defines responsibilities, permitted uses, and breach notification protocols.

Permitted Uses or Disclosures: Based upon Public Policy

The following outlines the exceptions to privacy based upon public policy as stated in the Notice. Additional exceptions may be identified or interpreted by the Privacy Officer.

Treatment. We use and disclose your PHI to you in order to provide treatment and other services. We may contact you to provide appointment reminders. We may talk to you about alternatives or other benefits and services that may be of interest to you. We may share information between NW ADHD mental health providers in order to coordinate care. We may disclose information for supervision or case consultation within NW ADHD.

Payment. We may use and disclose your PHI to obtain payment for services that we provide to you from your insurance plan or payer.

Health Care Operations. We may use and disclose your PHI for our health care operations. This includes our internal administration and planning. This also includes various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our therapists. We may also disclose information within NW ADHD in order to resolve complaints.

Text Message (SMS) Content. Northwest ADHD Treatment Center only shares text message (SMS) information and content with authorized third parties that are covered by HIPAA through a business associate agreement. This information and content is only used in manners pertaining to your treatment, billing, and appointments at Northwest ADHD Treatment Center. Northwest ADHD Treatment Center does not share text message (SMS) information for third party marketing purposes.

Disclosure to Relatives Close Friends and Other Caregivers. We will use or disclose your PHI to a relative, friend, or caregiver only if you are present and we can reasonably infer you do not object to the disclosure. For example, if you bring a friend or relative to a session, we may decide to use or disclose information for treatment purposes. Disclosures made without the client present will only be made if a valid Release of Information (ROI) is on file.

Public Health Activities. We may disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (3) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; (4) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; and (5) to report service engagement data, critical incidents, or other information as requested to the Oregon Health Authority as required by any Behavioral Health Certificate of Approval holder organization.

Abuse or Neglect. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to the appropriate government authority. This include children, persons who have a mental health diagnosis, and the elderly. We may also disclose PHI if we come in contact with someone who has abused or neglected someone as defined by state laws.

Health Oversight Activities. There are organizations who are responsible for overseeing compliance with government rules for delivering healthcare. We may disclose your PHI to such organizations to ensure compliance.

Judicial and Administrative Proceedings. We may disclose your PHI in response to a court or administrative order.

Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena. This includes, but is not limited to, identifying or locating missing persons, fugitives, or suspects, or reporting crimes committed on our property.

Decedents. We may disclose your PHI to a coroner or medical examiner as authorized by law. We may also disclose PHI as required for any investigation related to a death as allowed by law.

Health or Safety. We may use or disclose your PHI to prevent a serious and imminent threat to someone's health or safety.

Special Government Functions. We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State when the law requires it.

Workers Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

As required by law. We may use and disclose your PHI when required to do so by any other law not listed above.

Authorization to Use or Disclose Protected Health Information (PHI)

For use and disclosure that is not an exception to privacy as outlined in HIPAA, NW ADHD will obtain an authorization using the current Authorization to Use or Disclose PHI form, also known as a Release of Information (ROI).

PHI will not be used or disclosed prior to obtaining a client signature on a form (such as a Release of Information) that is complete, not expired, and not revoked, and does not contain knowingly false material.

The description of the "purpose" must be specific enough to provide a client the facts that the client needs to make an informed decision whether to release the PHI. If the client does not complete the purpose, "at the request of the individual" is considered sufficient.

The default expiration of the Authorization is 60 days after the completion of treatment. If there is another expiration date or event, it is outlined on the Authorization.

To revoke an authorization, the client completes a written Written Notice of Revocation. The revocation is effective immediately unless otherwise stated. It is not valid for actions taken prior to the revocation.

The Authorization will be stored in the clinical record for at least six years (i.e., beyond the requirement for retention of medical records).

A client may have a copy of the Authorization upon request.

Permitted Uses or Disclosures: Persons involved in client’s care

NW ADHD may disclose portions of PHI, subject to the Minimum Necessary provisions to persons involved in a client’s care when the client is present and the client agrees to the disclosure, does not object to the disclosure or there is a reasonable inference that the client does not object (e.g., the person joins a session).

For telephone disclosures, the workforce should avoid giving PHI over the telephone except for limited circumstances, such as when the staff member recognizes the voice of person who was previously involved in care as above or to facilitate immediate treatment of the client to someone involved in the client’s care for emergency purposes. If more detailed involvement is indicated, an Authorization is obtained first. If a staff member is unsure of how to interpret this policy, the staff member is directed to not disclose the information and consult with the Privacy Officer or designee.

Permitted Uses or Disclosures: Incidental Use or Disclosures

An incidental use or disclosure is one that cannot be prevented, is limited in nature, and occurs as a by-product of an otherwise permitted use or disclosure.

NW ADHD implements reasonable administrative, technical, and physical safeguards to limit incidental uses and disclosures. The workforce uses due care to limit inadvertent disclosures as much as is reasonably practical and to use caution and common sense when handling PHI.

Examples of incidental disclosures are disclosures within group therapy and someone recognizing a client in the lobby.

Permitted Uses or Disclosures: De-Identified Information

PHI may be used or disclosed if it does not contain ANY of the following 18 identifiers of the individual, relatives, employers, or household members of the client and NW ADHD has no actual knowledge that the information used or alone or combination with other information would identify the client:

1. Names
2. Geographic subdivisions smaller than a state (street, address, city, county, precinct, zip codes, geocodes)
3. Birth date, admission date, discharge date, date of death, except the year. For persons over 89, the year cannot be used.
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses

7. Social security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. URLs
15. IP addresses
16. Biometric identifiers, including finger or voice prints
17. Full face photographic images or comparable images
18. Any other unique identifying number, characteristic, or code

Permitted Uses or Disclosures: Limited Data Set

For Research, Public Health, or Health Care Operations purposes, NW ADHD may use or disclose a limited data set pursuant to a valid Data Use Agreement (or for internal Health Care Operations). A limited data set does not contain any of the following of clients, relatives, employers, or household members of a client.

1. Names
2. Postal info other than city, state, and zip
3. Telephone numbers
4. Fax numbers
5. Electronic mail addresses
6. Social security numbers
7. Medical record numbers
8. Health plan beneficiary numbers
9. Account numbers
10. Certificate/license numbers
11. Vehicle identifiers and serial numbers, including license plate numbers
12. Device identifiers and serial numbers
13. URLs
14. IP addresses
15. Biometric identifiers, including finger or voice prints
16. Full face photographic images or comparable images

A Data Use Agreement is established for this disclosure that meets HIPAA Privacy requirements that are in effect at the time of the intended use/disclosure.

Permitted Uses or Disclosures: Research Purposes

Should research activities at NW ADHD involve use of PHI, clients will be requested to complete a release authorizing the specific use of relevant identifiable data as outlined in the research project's informed consent. No identifiable data will be used in research without a client's consent. Refusal to consent to data inclusion for research purposes will not impact the standard course of treatment.

Minimum Necessary Requirements

When using or disclosing PHI, NW ADHD makes reasonable efforts to limit PHI to the minimum necessary to accomplish the purpose of the use, disclosure or request.

Exceptions to this are use, requests, or disclosure for treatment by the provider, to the client, pursuant to the outlines of an authorization, to HHS for HIPAA compliance purposes, required by law, or required by HIPAA.

Access controls are established in the Security policies for limiting access to only PHI necessary to carry out duties.

As a general rule, NW ADHD does not use, disclose, or request an entire medical record unless the entire record is specifically justified as what is reasonably necessary to complete the purpose of the use, disclosure, or request. This is generally when the client requests use of the entire record, for direct treatment purposes, or health care operations such as quality improvement activities (e.g., record reviews, peer reviews, incident reviews).

Routine disclosures or requests include the following guidelines for Business Office and Front Desk staff:

Person	Speak with person?	WHAT INFO CAN WE SHARE?
Adult Client	Yes	All Billing info Clinical info needs to come from the office or Provider (except diagnosis)
Parent of client who is a minor - is listed as guarantor in the case	Yes	All Billing info Clinical info needs to come from the office or Provider (except diagnosis)
Parent or other family member of client who is a minor - NOT listed as a guarantor in Client's case -BUT verbal or written authorization to speak to inquiring party exists in file or case	Yes (If authorization to speak is found in written form – add to comments section in case to be referenced for future calls)	All Billing info Clinical info needs to come from the office or Provider (except diagnosis)
Parent or other family member - NOT the guarantor or subscriber, but is married to the listed guarantor (e.g., Step-parent)	No	You may only speak with this person if verbal or written permission is granted by the guarantor
Parent that is not the guarantor - is the subscriber of insurance	Yes – limited	Only insurance can be shared: Q. "Has my insurance been billed?" A. Yes or no Q. "What dates have been paid?" A. List dates If they are not the person that signed the policy statement, you may not speak with them about client responsibility on account.

Job classification and Minimum Necessary

Job Class	Extent of PHI
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Clinician	Medical record, scheduling and billing PHI for the clinician’s clients or potential clients
Front Desk	Scheduling and billing information necessary to collect fees and schedule appointments. Copying of records for the sole purpose of disclosures following an Authorization or Medical Records staff request
Billing Staff	Billing and scheduling information to obtain payments (including eligibility and authorizations). Copies of medical records solely for the purpose of obtaining authorizations.
Medical Records	Medical, scheduling, and billing information for the sole purpose of coordinating or implementing the disclosure of PHI pursuant to an Authorization or according to policy (e.g., where allowed by law, for the Health Care Operations)
Intake Specialists	Medical, scheduling, and billing PHI for the purpose of coordinating and scheduling new patient appointments, and creation of the new patient record.

Special Communication Requirements

NW ADHD is agreeable to accommodating any reasonable request by a client to receive communications of PHI by alternative means or at alternative locations.

The request must be provided in writing. NW ADHD may condition this on the client providing information on how to handle payment for services and the client has specified an alternative address or method of contact

NW ADHD will not require an explanation for the reason for the request.

Right to Access Record

Clients have a right to access their record as long as it is maintained in the designated record set.

NW ADHD requires that the client complete a written Access Request form prior to inspecting or receiving a copy of the record. If a client makes an oral request, the client is informed of the need for a written request.

Exceptions to the right include information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. PHI may be exempted for clinical laboratory information as outlined by CLIA of 1988.

NW ADHD will act on such a request within 5 days of the written request. This action includes one of the four:

1. Determine the client does not have a right to access
2. Provide access
3. Deny the request without opportunity for review
4. Deny the request with opportunity for review. A licensed healthcare professional (as appointed by the Privacy Officer) who was not involved in the original decision has determined that such access
 - a. is reasonably likely to endanger the life or physical safety of the client or another person
 - b. contains a reference to another person who would be reasonably likely to receive substantial harm if the information is accessed

If providing access in whole or in part, NW ADHD

- May discuss the scope, format, and other aspects of meeting the client request
- Must notify the client of the decision and arrange a mutually convenient time to and place to provide access to the information. At that point, the client may inspect the record or obtain a copy or both.

- May provide a summary in lieu of inspection or copying if the client agrees in advance to this, as well as fees and any time necessary to produce the summary
- Need only provide information once if it is located in multiple locations/record sets
- Will mail a copy of the records if requested or print out electronic information if requested

In case of a denial, NW ADHD will give the client access to other sections of the record, provide a completed Notice of Denial (including reason for denial, complaint procedures, Office of Civil Rights information for complaints, right to review and how to request a review, contact information for the reviewer).

For information that is produced by another entity, NW ADHD will inform the client on where to obtain access to that information.

Fees may be charged for copying (including labor and supplies), mailing (including labor and postage), or electronic supplies. There are no handling fees in addition to these fees. For preparing a summary, NW ADHD may charge \$150 per hour if the client requests a summary and agrees to a fee in advance of preparation.

NW ADHD will not deny access to medical records due to inability to pay for such records.

Access Request, Denial of Access, and any other written communications regarding the right to access will be maintained in the medical record for at least 6 years of the date of creation or when it was last in effect, whichever is later.

Right to Request Restrictions on Certain Uses of Disclosures

A client may make a Request to Restrict Use or Disclosure for the following:

1. Treatment, Payment, or Operations (see above)
2. Disclosures for disaster relief efforts

NW ADHD is not required to agree to the restriction. The provider, client, and Privacy Officer are consulted prior to agree to accepting the Restriction.

Even if the Request is accepted, NW ADHD may use or disclose PHI for emergency treatment (NW ADHD will request that a receiving provider not further use or disclose the information), if required by the federal HHS Office of Civil Rights or for public policy disclosures that are based upon public policy (see above).

NW ADHD may terminate this Restriction if the client agrees in writing, NW ADHD obtains oral agreement that is then documented, or if NW ADHD informs the client that the Restriction is being terminated (the Restriction is in place until the client is notified).

The Restriction will be maintained in the record and highlighted. This documentation is maintained for 6 years from the date when the Restriction was last in effect.

Amendment of Protected Health Information

A client may request that NW ADHD amend PHI in the record.

The client must complete a Request for Amendment in writing. The Request is directed to the Privacy Officer. If a client makes an oral request, the Privacy Officer will inform the client of the need for a written request. The Privacy Officer may refuse an oral request.

The Privacy Officer will act on the request within 5 business days of receipt. NW ADHD may extend the time for action by 30 days by providing a written statement of the reason for the delay within 5 business days of the request. There is only one 30 day extension.

The Privacy Officer reviews the relevant record, consults with the treating provider, evaluates the client request, and obtains information from other providers familiar with the course of treatment as appropriate.

If the Amendment is accepted, by placing the information in the record. If there are other providers who need the amendment information, as identified and agreed upon by the client, NW ADHD will make a reasonable effort to inform and provide the amendment to such persons or to persons who have the PHI involved and may have relied upon or might foreseeably rely upon the information to the detriment of the client.

If the Amendment is denied, NW ADHD will provide the client a written denial within 30 business days after the receiving the Request. The denial will use plain language and contain the basis for the denial, how to submit a written disagreement with the denial, a statement regarding the ability to make future Requests, a description how to file a complaint to NW ADHD or the US HHS Office of Civil Rights.

If a client submits a Statement of Disagreement of a denial, NW ADHD may limit the length of the statement. NW ADHD will prepare a Rebuttal of the Statement and give the client a copy. This information will be included in the record and maintained for the longer of 6 years after the date of creation or the last effective date of relevant documentation. Future disclosures of the record will include the Statement and Rebuttal, unless allowed or required by law.

If NW ADHD has another provider's records, NW ADHD will include any Amendment from that record in NW ADHD's record.

Accounting of Disclosures of PHI

Upon written client request (preferably using the Request for Accounting form), NW ADHD will provide the client an accounting of the following disclosures in the previous six years that are:

- Required by law
- Public health activities
- Child abuse reporting
- Other abuse, neglect, or domestic violence reporting
- FDA reporting
- Communicable disease exposure notification
- Health Oversight Activities (audits, civil/administrative/criminal investigations or actions, inspections, licensing or disciplinary actions, or other activities necessary for oversight of the health care system, government benefits to the client, entities subject to government regulatory/compliance oversight, or entities subject to civil rights laws related to health information compliance)
- Judicial or administrative proceedings
- Required reporting of wounds of injuries
- Response to a legal process (court order, court-ordered warrant, subpoena or summons or other process authorized under law)
- Law enforcement, whether based upon the request from law enforcement or NW ADHD
- Coroner or Medical Examiner disclosure
- Funeral Director disclosure

- Organ procurement
- Research
- Threat to health or safety
- Armed forces disclosure
- Protective services to the US President, foreign heads of state, and other government investigations for protective services
- Workers compensation disclosures
- Any other circumstance that is not exempted

Exceptions to this Accounting include:

- Treatment, Payment, or Health Care Operations activities
- Disclosures to the client
- Disclosures that are permitted but not listed above as required
- Disclosures pursuant to an Authorization
- National security or intelligence purposes
- Correctional institutions or law enforcement officials
- As part of a Limited Data Set

NW ADHD must make an exception if required by a health oversight agency or law enforcement official if the accounting would otherwise reasonably likely impede such agency's official activities. The official must provide a specified written request that includes a time frame or 30 days after an oral request (NW ADHD documents the oral request).

The Accounting will include the date of disclosure, name and address (if known) of the entity or person receiving the PHI, brief description of what was disclosed, and one of the following:

1. Brief statement of the purpose of the disclosure that reasonably informs the client of the basis for the disclosure
2. Copy of the written request from the HHS Secretary regarding relevant investigations
3. Copy of the written request for the Accounting

If there are multiple disclosures for the same purpose and to the same person or entity, the Accounting may contain the required information and the frequency, periodicity, or number of disclosures made during the Accounting period, and the last date of the disclosure.

The Accounting is completed within 30 days after the written Request is received. A delay of 30 days is allowable if NW ADHD provides a written statement of the reasons for the delay and the date the Accounting will be provided. This delay may be no longer than 90 days after the request.

NW ADHD does not charge for producing Accounting information.

Written requests maintained in the client record for a period of at least 6 years from the date the request is received and written responses are maintained in the client record for a period of at least 6 years from the date of the accounting or response.

The Medical Records clerk, with oversight of the Privacy Officer, is responsible for receiving and processing Requests.

Complaints Regarding Privacy

Privacy complaints are forwarded to the Privacy Officer. The Privacy Officer shall keep a log of complaints, including the date received, copy of a written complaint (or description of a verbal complaint), copy of the written statement provided to the complainant.

Complaints are reviewed by the Privacy Complaint Committee, comprised of the President, VP of Provider Relations, VP of Operations, and Privacy Officer.

Investigations are completed within 10 business days of receipt. A written response is completed within 30 days of the receipt of the complaint that includes:

- Privacy Officer contact information
- Steps taken to investigate the complaint
- Explanation of NW ADHD's resolution
- Date of the completion of the investigation

Complaint documentation is maintained for 6 years from the date of the written response to the client. This complaint is not maintained in the record.

Business Associates

Business Associates policy and procedure are outlined in a separate policy and procedure.

Psychotherapy Notes

NW ADHD does not maintain psychotherapy notes (documenting or analyzing the contents of conversation during a private counseling session). NW ADHD progress/session notes are considered part of the medical record.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

By signing below, I agree to the following:

I have received, read, and understood Northwest ADHD Treatment Center's "Notice of Privacy Practices."

I am aware that a copy of the "Notice of Privacy Practices" is available in my patient portal, on Northwest ADHD Treatment Center's website, in each office location's waiting room, and a printed copy will be made available to me upon request.

I understand that if I have any questions pertaining to the "Notice of Privacy Practices," I can inform any office staff, who will arrange for me to be in contact with Northwest ADHD Treatment Center's Privacy Officer.

Patient Signature

Patient Name

Date

Parent/ Guardian Name (if applicable)