Ryan Hofrichter, LPC, CGP
Individual, Relationship, and Group Counseling
4110 Southeast Hawthorne Blvd. #203 · Portland, Oregon 97214
ryan@ryanhofrichter.com · 971.266.0710

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This Notice of Privacy Practices describes how I may use and disclose your Protected Health Information (PHI) in accordance with applicable state law and the American Counseling Association's *Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI. PHI includes information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of the Notice at any time. Any new Notice will be effective for all PHI that I maintain at that time and a copy will be made available to you upon request. You may request a copy of my Notice at any time.

I. USES AND DISCLOSURES OF HEALTH INFORMATION

A. Permissible Uses and Disclosures without Your Written Authorization

I may use and disclose PHI without your written authorization, excluding Psychotherapy Notes as described in Section II, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your healthcare treatment and related services. This includes consultation with clinical supervisors or other treatment team members. I may disclose PHI to any other professional only with your authorization.

2. For Payment: I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

3. For Health Care Operations: I may use or disclose, as needed, your PHI in order to support my business activities. For example, I may share your PHI with third parties that perform various business activities, i.e., billing or typing

services, provided I have a written contract with the contracted party that requires him or her to safeguard the privacy of your PHI.

4. Required by Law: I may use or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes or if you have disclosed to me that you have abused or neglected a minor, disabled or elderly person. In addition, I may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.

5. I am permitted without your authorization to disclose the minimum necessary PHI to collect debts from family members or friends or close associates or social service agencies who have contracted to pay your treatment costs (see IA-2).

6. If you are a minor age 17 or younger Oregon Law requires that I have your parent's signed consent in order to provide you with mental health or addictions counseling. If you are an emancipated minor, your privacy will be the same as an adult.

7. I reserve the right contact you by phone with appointment reminders and to follow-up missed appointments and treatment aftercare. You have the right to object this policy.

B. Uses and Disclosures Requiring Your Written Authorization

1. Psychotherapy Notes: Notes that I record by documenting the contents of a counseling session with you ("Psychotherapy Notes") will be used only by me and will not otherwise be used or disclosed without your written authorization. I am not required to let you review psychotherapy notes or disclose psychotherapy notes to a third party even if you request that they be released. Please be aware that Oregon law requires therapists to designate a qualified professional as Custodian of Records in the event that something happens to the therapist. In the event that the therapist is severely injured or dies, the person designated as Custodian of Records, will take over possession of your Health information. In this capacity, if you are currently an active client with your therapist, the appointed Custodian of Records will contact you in order to inform you of what has happened and help refer you to another therapist. The Custodian of Records will also take possession of your records and keep them secure according to Oregon Law, until a period of five years have passed. At that time, the records will be securely destroyed. The Custodian of Records has contracted with this therapist to provide these services, and is bound by the same confidentiality laws as your therapist.

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2. Marketing Communications: I will not use your health information for marketing communications without your written authorization.

3. Other Uses and Disclosures: Uses and disclosures other than those described in Section I.A. above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send PHI to your life insurance company, to a school, to your attorney or to family members or friends. If you are a minor age 14 or older see 1A6 above. You may revoke any such authorization at any time.

3a. If you are over 18 years old I will not communicate with your family, friends or associates about your treatment without your written authorization except as provided in the Permissible Disclosures in Section 1. If you are a spouse or partner in couples or marriage counseling, treatment related communication will be restricted to therapy sessions.

II. YOUR INDIVIDUAL RIGHTS

A. Right to Inspect and Copy. You may request access to your medical record and billing records maintained by me. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. For example, I do not have to let you see my psychotherapy notes about your treatment or if I believe that seeing your medical record would result in a danger to your treatment. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you.

B. Right to Alternative Communications. You may request, and I will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.

C. Right to Request Restrictions. You have the right to request a restriction on PHI used for disclosure for treatment, payment or health care operations. You must request any such restriction in writing addressed to the Privacy Officer as indicated below. I am not required to agree to any such restriction you may request.

D. Right to Accounting of Disclosures. Upon written request, you may obtain an accounting of certain disclosures of PHI made by me after April 10, 2004. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.

E. Right to Request Amendment: You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.

F. Right to Obtain Notice. You have the right to obtain a paper copy of this Notice by submitting a request to Ryan Hofrichter, LPC, CGP at any time.

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G. Questions and Complaints. If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact the Privacy Officer**,** Ryan Hofrichter, LPC, CGP, 4110 SE Hawthorne Blvd. #203, Portland, Oregon, 97214. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint with the Director or myself.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

A. Effective Date. This Notice is effective on August 23, 2021.

B. Changes to this Notice. I may change the terms of this Notice at any time. If I change this Notice, I may make the new notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. If I change this Notice, I will post the revised notice on my website: https://ryanhofrichter.com/starting.

I acknowledge receipt of this notice:

Client Name:	Client Signature:	Date: