

# MAXINE BURTON, L.C.S.W.

4550 Kruse Way, Ste. #225  
Lake Oswego, Oregon 97035  
(503) 635-1446

## NOTICE OF PRIVACY PRACTICES

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

### I. Uses and Disclosures for Treatment, Payment, and Health-Care Operations

You are entitled to certain protections of your health information under Federal and State law. Protected Health Information (PHI) refers to individually identifiable health information. PHI includes any identifiable health information received or created by my office or me. With your written, informed consent, I may use or disclose PHI for the following purposes:

- **Treatment:** I may use or disclose PHI when I provide, manage or coordinate your health-care. An example of treatment would be when I consult with another health-care provider, such as your family physician or another psychologist.
- **Payment:** I may use or disclose PHI to obtain reimbursement for your health-care. Examples include providing information to your insurer to determine eligibility, seek authorization or obtain payment.
- **Health-care Operations:** I may use or disclose PHI for the operation of my practice. Examples include the performance of administrative services, audits, and quality improvement activities.

### II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health-care operations when your authorization is obtained. An authorization permits only specific disclosures and is beyond general consent. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization (1) to the extent that I have relied on that authorization or (2) if the authorization has been obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- ◆ **Child Abuse:** If I have reasonable cause to believe that a child with whom I have had contact has been abused, or an adult with whom I have had contact has abused a child, I may be required to report the abuse. In any child abuse investigation, I may be compelled to turn over PHI. Regardless of whether I am required to disclose PHI or to release documents, I also have an ethical obligation to prevent harm to my patients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.
- ◆ **Abuse of Mentally Ill or Developmentally Disabled Adults:** If I have reasonable cause to believe that a mentally ill or developmentally disabled adult, who receives services from a community program or facility has been abused, I may be required to report the abuse. Additionally, if I have reasonable cause to believe that any person with whom I come into contact has abused a mentally ill or developmentally disabled adult, I may be required to report the abuse. Regardless of whether I am required to disclose PHI or to release documents, I also have an ethical obligation to prevent harm to my patients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI to prevent harm.
- ◆ **Other Abuse:** I may have an ethical obligation to disclose your PHI to prevent harm to you or others.

- ◆ **Health Oversight:** The Oregon State Board of Clinical Social Workers may subpoena relevant records from me should I be the subject of a complaint.
- ◆ **Judicial or Administrative Proceedings:** Your PHI may become subject to disclosure if (1) a court orders your PHI to be released, or (2) you become involved in a lawsuit, and your mental or emotional condition is an element of your claim.
- ◆ **Serious Threat To Health or Safety:** I may disclose confidential information when I judge it necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person.
- ◆ **Worker's Compensation:** If you file a worker's compensation claim, this constitutes authorization for me to release your relevant mental health records to involved parties and officials. This would include a past history of complaints or treatment of a condition similar to that involved in the worker's compensation claim.

#### IV. Patient's Rights

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- **Right to Choose Means of Communication:** You have the right to request to receive confidential communications of PHI by alternative means and at alternative locations. For example, you have a right to request that you be telephoned at home instead of at work.
- **Right to Inspect and Copy:** You have the right to look at or obtain a copy of your PHI for as long as it is maintained in your record. I may deny your access to PHI under certain circumstances, and you may have this decision reviewed under certain conditions. Upon request, I will discuss with you the details of the request and denial process.
- **For Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. Upon request, I will discuss with you the details of the amendment process.
- **Right to an Accounting:** You generally have the right to receive an accounting of PHI disclosures made without your consent or authorization (as described in section III. above). Upon request, I will discuss with you the details of the accounting process.

#### V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to records, please inform me.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate contact information upon request.

#### VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14th 2003.

I reserve the right to change the terms of this notice and to make new provisions effective for all PHI that I maintain. I will provide you with a revised notice by posting a copy in my office.