

JESSICA WILSON, PSY.D. HIPAA PRIVACY POLICY

When you sign the Client Information and Consent Form, you are giving permission to release your basic Personal Health Information (PHI) for the following three purposes:

1. **Treatment:** For other psychologists or mental health professionals to be consulted regarding your case or in the event of a crisis. More extensive case discussion with outside health care providers requires your written permission (via a Release of Information).
2. **Payment:** We provide the basic minimum information to your insurance necessary for treatment approval, payment authorization, and billing according to your insurance policy. If we send a bill to anyone other than you, the only information it contains are dates and type of services provided.
3. **Standard Office Practice:** This includes things such as scheduling appointments, record keeping, phone calls/messages, administrative services, and any treatment coordination.

Any other release of your PHI requires your expressed written permission.

Exceptions: Your psychologist may choose to release confidential information without your consent if the information is related to:

- Ongoing abuse of a child, disabled person, or elderly person
- Serious threats to the safety of oneself or others
- Court orders directed to the psychologist
- Licensing board investigations or complaints

Any release of information will be discussed with you, and your psychologist will make every effort to contact you to discuss this release of information prior to it happening.

Patients' Rights: You have the right to:

- Put restrictions on disclosures of your information
- Request that we send confidential information (such as billing) to alternate locations to protect your privacy
- Receive a listing of any disclosures made
- Request and receive a full copy of the privacy policy
- Submit a request to inspect, copy, or amend your records (in coordination with your psychologist, see below)

Psychologists' Responsibilities. We are committed to maintaining the privacy of your PHI and will notify you of any changes in our privacy policies and practices. Please note that under HIPAA, your psychologist has the right to deny your request to inspect, copy, or amend your records, but will make every reasonable effort to discuss this with you.

Privacy Complaints: If you feel this office has violated your privacy rights, please direct your concerns directly to this therapist. You can also contact the Oregon Board of Psychologist Examiners with concerns or complaints. You can find more information about filing complaints here: www.oregon.gov/obpe/Pages/investigation.aspx

Effective Date, Restrictions, Changes: This statement is effective as of December 1st, 2015. Any revisions will be made available to you at your first visit after revisions are made.

I have received and reviewed a copy of:

_____ YES _____ NO HIPAA Privacy Policy

_____ YES _____ NO Jessica Wilson, Psy.D.'s office policies regarding
billing, insurance, missed appointments etc.

Signature_____

Date_____

- We release only the basic minimum information to your insurance carrier in order to file your claim.

- IF YOU DO NOT WANT YOUR INSURANCE FILED PLEASE INDICATE THIS BELOW.

I do NOT want my benefits assigned or my insurance filed.

Therefore I am fully aware that I am responsible for ALL charges incurred.

Signature_____

Date_____