

Explore Counseling, LLC

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NOTICE OF PRIVACY PRACTICES

Effective Date: July 30th, 2025

NOTE: Throughout this document, “you” and “yours” refer to any client in my care, minor or adult, and, when applicable, the parent(s)/legal guardian(s) of said client when the client is under 14 years of age.

Protected health information (PHI) is any information about a patient's health status, provision of healthcare, or payment for healthcare that can be linked to an individual. This includes medical records, treatment information, mental health diagnoses, demographic information, and any other data that can be used to identify a patient. PHI is protected under the [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#) and its Privacy Rule. This Notice describes how your PHI may be used and disclosed, and how you can access this information. Please review it carefully and receive clarification from me on all of your questions before signing at the bottom.

I. MY PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION:

I understand that healthcare information about you is highly personal. I am committed to safeguarding your PHI. I create a record of the care and services you receive from me. I need this record to provide you with quality care and comply with specific legal requirements. This Notice applies to all of the records of your care that I generate. This Notice will tell you how I may use and disclose your health information. It also describes your rights to the health information I keep about you and certain obligations I have regarding the use and disclosure of your health information. Law requires that I:

- Make sure your PHI is kept private.
- Give you this Notice of my legal duties and privacy practices concerning health information.

- Follow the terms of this Notice, which are currently in effect. I can change the terms of this Notice, which will apply to all information I have about you. The new Notice will be sent to you for your review through your SimplePractice client portal, or a hard copy will be made available to you upon your request.

II. HOW I MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU:

All of the ways I am permitted to use and disclose information will fall within one of the following two categories:

- 1. For Treatment Payment or Healthcare Operations.** HIPAA allows healthcare providers with a direct treatment relationship with a patient/client to use or disclose that patient/client's PHI without the patient/client's written authorization to carry out the healthcare provider's own treatment, payment, or healthcare operations. As your mental healthcare provider, I may also use, disclose, and discuss your PHI (which is otherwise confidential) without your written authorization with other healthcare providers involved in your care (such as your primary care physician) to facilitate shared and/or individual diagnosis, care, treatment, and/or healthcare operations. Such disclosures for treatment purposes are not limited to the *minimum necessary standard* because therapists and other healthcare providers need access to the whole record and complete information to provide quality care. The word *treatment* includes, among other things, the coordination and management of healthcare providers with a third party, consultations between healthcare providers, and referrals of a patient for care from one provider to another.
- 2. Lawsuits and Disputes.** If you are involved in a lawsuit, I may disclose your PHI in response to a court or administrative order. If applicable, I may also disclose PHI about your child in response to a subpoena, discovery request, or other lawful process, but only after efforts have been made to tell you about the request or obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

- 1. Psychotherapy Notes.** I keep "psychotherapy notes" as defined in 45 CFR § 164.501. Any use or disclosure of such notes requires your authorization, unless the use or disclosure is:
 1. For my use in treating you.
 2. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy (which I will not do as a professional counselor associate under supervision myself).
 3. For my use in defending myself in legal proceedings instituted by you.

4. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
5. Required by law, and the use or disclosure is limited to the requirements of such law.
6. Required by law for certain health oversight activities related to me, the originator of the psychotherapy notes.
7. Required by a coroner who is performing duties authorized by law.
8. Required to help avert a serious threat to your health and safety and/or that of others.
2. **Marketing Purposes.** As a professional counselor associate, I will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** As a professional counselor associate, I will never sell your PHI.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

Subject to certain limitations in the law, I can use and disclose your PHI without your authorization for the following reasons:

1. **When disclosure is required by state or federal law,** and the use or disclosure complies with and is limited to the relevant requirements of such law. REMINDER: I provide mental healthcare services in Portland, Oregon, which is considered a *sanctuary city*. Therefore, I will not disclose your PHI for immigration law enforcement purposes.
2. **For public health activities,** including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. **For judicial and administrative proceedings,** including responding to a court or administrative order. (My preference is to obtain an authorization from you before doing so.)
5. **For law enforcement purposes,** including reporting crimes occurring on my premises.
6. **To coroners or medical examiners** when such individuals perform duties authorized by law.
7. **For research purposes,** including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of treatment for the same condition. (My preference is to obtain an authorization from you before doing so.)
8. **For complying with workers' compensation laws.** (My preference is to obtain an authorization from you before doing so.)
9. **Appointment reminders and health-related benefits or services.** I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I

may also use and disclose your PHI to tell you about treatment alternatives, or other healthcare services or benefits that I may offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

You have the right to object to the disclosure of your PHI to family, friends, or others.

When I deem it advantageous to your care, I may provide your PHI to a family member, friend, or other person you indicate is involved in your care or the payment for your care, unless you object partially or in whole. I may share your PHI with one or more of the above individuals in emergencies without your consent if my professional judgement deems it necessary to ensure your safety and/or the safety of others.

VI. YOU HAVE THE FOLLOWING RIGHTS CONCERNING YOUR PROTECTED HEALTH INFORMATION:

- 1. To request limits on uses and disclosures of your PHI.** You can request that I not use or disclose certain PHI for treatment, payment, or healthcare operations purposes. Nevertheless, I am not required to comply with your request, and I may decline if I believe it would negatively affect your healthcare.
- 2. To request restrictions for out-of-pocket expenses paid in full.** You can request restrictions on disclosures of your PHI to health plans for payment and/or healthcare operations purposes if the PHI pertains solely to a healthcare item or a healthcare service you have paid for out-of-pocket in full.
- 3. To choose how I send PHI to you.** You can request specific communication modalities and/or locations for your PHI (i.e., mail, email, and/or phone/voicemail sent to your home, office, or other address). I will agree to all reasonable requests.
- 4. To see and get copies of your PHI.** Other than psychotherapy notes, you can get an electronic or paper copy of your medical record(s) and other information that I have about you. I will provide you with a copy of your record(s) (or a summary, if you agree to receive a summary) within 30 days of receiving your written request. I will charge my prorated hourly fee for this service.
- 5. To get a list of the PHI disclosures I have made.** You can request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or healthcare operations, or for which you provided me with an authorization. I will respond within 60 days of receiving your request and provide disclosures made in the last six years unless you request a shorter period. I will not charge for your first request, but additional requests in the same calendar year will be charged at my prorated hourly fee.
- 6. To correct or update your PHI.** If you believe there is a mistake in your PHI or some important information is missing, you can request that I correct and/or add the existing

and/or missing information. If I deny your request, I will tell you why in writing within 60 days.

7. To get a paper and/or electronic copy of this Notice.

VII. ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE OF PRIVACY PRACTICES:

BY SIGNING THIS DOCUMENT AND CHECKING THE BOX BELOW, I STATE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE ITEMS CONTAINED HEREIN AND ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS NOTICE OF PRIVACY PRACTICES.