

HIPAA Notice of Privacy Practices

How your health information is used and protected

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW CAREFULLY.

HOW WE MAY USE YOUR INFORMATION

Treatment: To provide and coordinate your care, including sharing with other providers involved in your treatment, with your consent.

Payment: To bill your insurance and receive payment for services rendered.

Healthcare Operations: For administrative and quality assurance purposes necessary to operate this practice.

Required by Law: Mandatory reporting of child, elder, or dependent adult abuse; imminent risk of harm to self or others; court order.

USES REQUIRING YOUR WRITTEN AUTHORIZATION

All other uses — including sharing with family, employers, attorneys, or any third party not involved in your care — require your written authorization. You may revoke any authorization at any time.

YOUR RIGHTS

- Request access to or a copy of your health record
- Request corrections to your record
- Request restrictions on how your information is used
- Request an accounting of disclosures without your authorization
- Receive a paper copy of this notice upon request
- File a complaint with the U.S. Dept. of Health & Human Services

CONTACT & COMPLAINTS

Questions: Robert B. Anderson, LPC · (503) 383-9144 · robert@branching-streams.com · 4248 Galewood Street, Suite 18 · Lake Oswego, OR 97035. Complaints: Office for Civil Rights, U.S. Dept. of HHS, 200 Independence Ave SW, Washington DC 20201.

ACKNOWLEDGMENT — sign below to confirm receipt

Client Signature (type name)

Printed Name

Date

Submit by Email to Robert

Clicking opens your email app — attach completed PDF and send to robert@branching-streams.com