



Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. If services are paid in full by cash you may restrict that information to any insurer for purposes other than for treatment.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have a right to request that we amend your protected health information. Please be advised, however, that we may not be required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Watershed Wellness.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Please note that this office submits insurance claims via electronic media and fax machine. If you are not comfortable with this, please notify us and we will use alternate methods.

Changes to this Notice of Privacy Practices

This office reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, we are required by law to comply with this Notice.



Complaints

Complaints about your privacy rights, or how Watershed Wellness has handled your health information should be directed to Eric Grey by calling this office at 503-820-8040. If Eric Grey is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

FOR ADDITIONAL INFORMATION: www.hcfa.gov/medicaid/hipaa

NOTICE OF PRIVACY PRACTICES

Watershed Wellness is required, by law, to maintain the privacy and confidentiality of your protected health information (PHI) and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of your Health Care Information

Communication

It is our policy to provide a substitute health care provider, authorized by Watershed Wellness, to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation.

Payment



We may disclose your health information to your insurance provider for the purpose of payment or health care operations. Your payment details, including name and address, will also be stored in our password-protected payment processing systems when you provide that information to us for the purposes of payment.

If payment is not made as arranged, our office may utilize an outside collection agency, credit reporting agency or other means of collecting outstanding debt. The designated collection agency or authority may review your file containing protected health care information.

Workers' Compensation

If applicable, we may disclose your health information as necessary to comply with state Workers' Compensation Laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care, about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

Judicial and Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceeding.



Law Enforcement

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

Deceased Persons

We may disclose your health information to coroners or medical examiners.

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Marketing & Other Communication

We may contact you for marketing purposes or fundraising purposes, as described below:

- As a courtesy, we may sometimes call your home on the evening prior to your schedule appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No protected health information will be disclosed during this call other than the date and time of your scheduled appointment and a request to call our office if you need to cancel or reschedule your appointment.
- If you are signed up with the Schedulicity appointment scheduling software, you will receive an email from the system the day before your appointment to remind you. This notice, as well as any other use of Schedulicity, will only contain the information you have entered yourself into the software, as well as information related to the date and time of the appointment.



- If you have signed up for the Watershed Wellness newsletter by checking the box on your intake form, by putting your name on any other sign-in sheet, by verbally agreeing to being on the newsletter, or in some other manner authorized by you, you will receive those newsletters with the name you have indicated to be used for that purpose. No other protected health information will be used in this way. You may unsubscribe at any time using the link included in the email.
- You may, at your own discretion, leave a review about our practice and practitioners on Yelp , Google Local, or another online service. By doing so, you authorize us to respond to your review if necessary, thus verifying your treatment at the clinic. No information about you or your treatment will be released by us online at any time.
- You may, at your own discretion, interact with Watershed Wellness practitioners via social media. We will never reveal any protected health information in these interactions, but you recognize that our communication in such a forum – if initiated by you - does not constitute a violation of your privacy.

Upon reading this explanation, please sign the provided form acknowledge your receipt of the information and acceptance of the information therein.