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## **Notice of Privacy Practices**

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

**II. I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

I am legally required to protect the privacy of your PHI, which includes information that can be used to identify you, whether created by me or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. I am required to provide you with this Notice of Privacy Practices, and this Notice must explain how, when, and why I will use and disclose your PHI. A “use” of PHI occurs when I examine, utilize, apply, analyse, or share such information within my practice. PHI is “disclosed” when it is released, transferred, has been given to, or is divulged to a third party outside of my practice. With some exceptions, I may not use or discuss any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made.

I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI on file with me already. Before I make any significant changes to my policies, I will promptly change the Notice and post a new copy of it in my office and on my website. You can also request a copy of this Notice from me, or you can view a copy of it in my office or at my website: [www.drblakeslee.net](http://www.drblakeslee.net)

You have the right to have a copy of this notice sent to you by email. Even if you have agreed to receive notice via email, you also have the right to request a paper copy of it.

**III. HOW I MAY USE AND DISCLOSE YOUR PHI.**

I will use and disclose your PHI for many different reasons; listed below are the categories of my uses and disclosures along with some examples.

**A. Uses and disclosures relating to treatment, payment, or health care operations do not require your prior written consent.** I can use/disclose your PHI without your consent for the following:

1. **For treatment.** PHI can be disclosed to physicians, psychiatrists, psychologists, and other licensed health care providers who provide your health care services or are involved in your care. For example, if you’re being treated by a physician, I can disclose your PHI to him/her in order to coordinate your care.

2. **To obtain payment for treatment.** I can use/disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your

PHI to your insurance company or health plan to get paid for the health care services that I have provided to you. I may also provide your PHI to my business associates and others that process my health care claims.

3. **For health care operations.** I can disclose your PHI to operate my practice. For example, I might provide your PHI to our accountants, attorneys, consultants, and others to make sure I'm complying with applicable laws.

4. **Other disclosures.** I may also disclose your PHI to others without your consent in certain situations. For example, your consent isn't required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to.

**B. Certain uses and disclosures do not require your consent.** I can use/disclose your PHI without your consent or authorization for the following reasons:

1. **When disclosure is required by federal, state or local law; judicial or administrative proceedings; or, law enforcement.** For example, I may make disclosure to officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect, or when ordered in a judicial or administrative proceeding.

2. **For public health activities.** For example, I may have to report information about you to the county coroner.

3. **For health oversight activities.** For example, I may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

4. **For research purposes.** In certain circumstances, I may provide PHI in order to conduct medical research.

5. **To avoid harm.** In order to avoid a serious threat to law enforcement personnel or persons able to prevent or lessen such harm.

6. **For specific government functions.** I may disclose PHI of military personnel and veterans in certain situations. And I may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.

7. **For workers' compensation purposes.** I may provide PHI to comply with workers' compensation laws.

8. **Appointment reminders and health related benefits or services.** I may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits I offer.

**C. Issues regarding conflict of law.** If any provision listed in Section III, A or B is prohibited or materially limited by other applicable law, the more stringent law will be applied.

**D. Certain uses and disclosures require you to have the opportunity to object.** I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

**E. Other uses of PHI.** Other uses and disclosures will only be made with your written authorization, and you have the right to revoke that authorization in writing (unless I have already taken action on it).

#### **IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

**A. The right to request limits on uses and disclosures of your PHI.** You have the right to ask that I limit how I use and disclose your PHI. I will consider your request, but am not legally required to accept it. If I accept your request, I will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that I am legally required or allowed to make. If you pay in full in cash at the time of service, you may request in writing that I not disclose to your insurance company any information about a certain office visit. If you want that restriction to continue, you are responsible for renewing that restriction in each and every subsequent follow-up visit. If I later find that you have billed the insurance company yourself, this request is no longer binding on me.

**B. The right to choose how I send PHI to you.** You have the right to ask that I send information to you confidentially at an alternate address, or by alternate means (e.g., email instead of regular mail). I must agree to your request so long as I can easily provide the PHI to you in the format you requested.

**C. The right to see and get copies of your PHI.** In many cases, you have the right to look at or get copies of your PHI that I have, but the request must be made in writing. I will respond to you within 30 days of receiving your written request. If I don't have your PHI but I know who does, I will share that information with you. In certain situations I may deny your request for copies of your PHI; if I do, I will tell you, in writing, my reasons for the denial and explain your right to have my denial reviewed. If I provide you with copies of your PHI, I will charge you not more than \$.50 for each page. Instead of providing the PHI you requested, I may provide you with a summary of the PHI as long as you agree to the cost in advance.

**D. The right to get a list of the disclosures I have made.** You have a right to get a list of instances in which I have disclosed your PHI. The list will not include uses/disclosures you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list also won't include uses/disclosures made for national security purposes, or to corrections or law enforcement personnel. I will respond to your request for a list of disclosures made within 60 days of receiving your written request. The list I give you will include disclosures made in the last six years unless you request a shorter time. It will include the date of the disclosure, to whom PHI was disclosed (including address, if known), a description of the information disclosed, and the reason for the disclosure. This will be provided to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.

**E. The right to correct or update your PHI.** If you believe that a mistake has been made in your PHI, or that a piece of important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide the request and your reason for the request in writing, and I will respond within 60 days of receiving your request. I may deny your request in writing if the PHI is correct and complete, not created by me, not allowed to be disclosed, or not part of my records. My written denial will state the reasons for the denial and

explain your right to file a written statement of disagreement with the denial. If you don't file a statement of disagreement, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the change to your PHI, tell you that I have done it, and tell others that need to know about the change to your PHI.

#### **V. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES**

If you think I might have violated your privacy rights, or if you disagree with a decision I made about access to your PHI, you may file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. There will be no retaliatory action against you if you file a complaint about my privacy practices.

#### **VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES**

If you have any questions about this notice or any complaints concerning my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at:

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