

# MARTIN J. GAY, MS, LPC, NCC

*Individual, Marriage, Family & Adolescent Therapy*

Licensed Professional Counselor

National Certified Counselor

1335 Cannon Street, SE

Salem, Oregon 97302

Phone: 503-510-7329

Fax: 844-998-4235

mg@martingay.com

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## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

(Effective date: April 14, 2003)

### I. My Duties

The privacy and confidentiality of your health information is very important and I am committed to protecting it to the extent I can, consistent with law and ethical standards. Your health information includes records that I create and obtain in order to provide care to you. For example, it includes a record of your symptoms, examination and test results if applicable, diagnoses, summary of treatment and referrals. Bills, insurance claims and other payment information is also included in the record of your health information.

This Notice tells you about the different ways I may use and disclose your health information. It also describes your rights and my obligations. I am required to:

- maintain the privacy of your protected health information as required by law;
- provide you with this Notice of my legal duties and privacy practices with respect to your health information that I collect and maintain;
- follow the terms of my Notice that is currently in effect.

### II. Uses and Disclosures of Protected Health Information – Payment, Treatment and Health Care Operations

Under federal law, I am permitted to use and disclose personal health information without authorization for treatment, payment and health care operations. However, state law or the ACA's *Code of Ethics* may require me to obtain your express authorization before disclosing certain portions of your record and protected health information. I may also choose to require your release of information in certain circumstances.

*Treatment:* For example, I may discuss certain aspects of your counseling with your psychiatrist in order to provide the best treatment and medication for you. Likewise, your psychiatrist may discuss certain medication management issues with me so I can collaborate in treatment.

*Payment:* I submit bills to your health insurance company for payment. I will provide only the minimum amount of information necessary for the insurance company to process the claim. This may include the diagnosis and explanation of care provided.

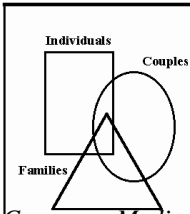
### III. Other Uses and Disclosures of Protected Health Information

Besides use and disclosure for treatment, payment and health care operations, I may use and disclose your personal health information without authorization for the following purposes.

*Abuse, Neglect or Domestic Violence:* I may disclose protected health information about you to a state or federal agency if I am required or permitted by law to report child or vulnerable adult abuse or neglect or domestic violence. When possible, and as consistent with my professional judgment in order to avoid harm to you or others, I will inform you of the need to make such a disclosure.

*Judicial or Administrative Proceedings:* I may disclose health information about you in the course of a judicial or administrative proceeding as required by law. For example, if a court orders me to release information, I must generally comply with the order. In some circumstances, I may be required to turn over information in response to a subpoena. If I receive a subpoena for your records, I will attempt to contact you and/or your attorney if that is feasible. Your attorney may be able to file a motion which will lead to a court order.

*Law Enforcement:* If authorized or required by law, I may release health information to law enforcement officials. For example, I may release information to help identify a suspect or fugitive or report a crime related to a medical emergency.



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*Coroners, Medical Examiners and funeral directors:* In most circumstances, I may disclose health information about you to a coroner or medical examiner to help identify a deceased person or determine the cause of death. I am permitted by law to disclose health information to funeral directors, but it is unlikely that counseling information will be needed for this purpose.

*Health Oversight Activities:* I may disclose health information about you to governmental, licensing, auditing or health care accrediting agencies where authorized or required by law. For example, information may be released to the state counselor licensure board if a complaint is filed against me.

*Appointment Reminders and other Health Services:* I may contact you to remind you of appointments or to inform you of treatment alternatives or other options and services that may be of interest to you.

*Communicable Diseases:* To the extent authorized by law and professional ethics, I may disclose information to a person who may have been exposed to a communicable disease or who is at risk of spreading a disease.

*Public Health Activities:* As required by law, I may disclose health information about you to a public health agency. For example, I may be required to report certain diseases, injuries or vital events such as death.

*Prevention of Serious Threat to Public Health or Safety:* In accordance with law and ethics, I may use and disclose health information about you to prevent or minimize the risk of a serious and imminent threat to your health and safety or to the health and safety of another person or the public.

*Disaster Relief Efforts:* I may disclose health information about you to government agencies or private organizations (e.g., Red Cross) to assist in disaster relief efforts, such as notifying your family of your condition, status and location. If you are available and able, I will provide you with an opportunity to object before releasing information. If you are unavailable (e.g., due to incapacity), I will use my professional judgment as to what is appropriate in the emergency circumstances.

*Communications with Family and Friends:* I may disclose limited information about you to persons who are involved with your care, such as family members or close personal friends. Any such disclosure will be limited to information directly related to the person's involvement in your care. If you are available, I will provide you with an opportunity to object before disclosing such information. If you are unavailable (e.g., due to incapacity or emergency), I will use my best judgment to decide what is in your best interests regarding any disclosure.

*Minors:* If you are an unemancipated minor under the law of the state of Oregon, I may, in certain circumstances, disclose health information about you to a parent, guardian or other authorized person, in accordance with law and ethics.

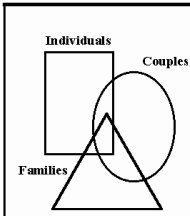
*Parents:* If you are the parent of an unemancipated minor, I may disclose health information about your child to you in certain circumstances. For example, if I must legally obtain your consent in order to treat your child, when you are acting as your child's "personal representative" under law, I may disclose health information about your child to you. In other circumstances, such as when your child is legally authorized to consent to treatment without a separate consent from you, and where the child does not request that you act as his/her "personal representative", I may not disclose health/mental health information about your child to you without your child's authorization.

*Personal Representative:* If you are an adult or emancipated minor, I may disclose health information about you to a "personal representative" authorized to act on your behalf in making health care decisions.

*Research and Related Activities:* I may disclose health information about you for research purposes in accordance with my legal and ethical obligations. Additionally, federal law allows us to create a "limited data set," which does not include information such as your name, address, Social Security number. This limited data set may be shared with those who have signed a contract promising to protect the privacy of the information and to use it only for research, health care oversight and health care operations.

*Specialized Government Functions:* I may disclose health information about you for specialized government functions, as authorized or required by law. These functions include: national security and intelligence; protection of the President of the United States and other officials; military command; determination of veterans' benefits; and the health, safety and security of correctional institutions.

*Worker's Compensation:* I may disclose health information about you for worker's compensation or similar programs as authorized or required by law. These programs provide benefits for certain work-related illnesses and injuries.



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*Required by Law:* I may disclose information about you when required to do so by federal, state or other applicable law.

*Authorization Required for Other Uses or Disclosures:* I will obtain your written authorization for any other use or disclosure of your protected health information. You have the right to revoke any authorization, in writing and in accordance with this Notice, to the extent that action has not been taken in reliance on the authorization.

## **IV. Psychotherapy Notes**

During your treatment with me, I may keep separate notes of conversations during therapy sessions, known as “psychotherapy notes.” These notes are kept separate from the rest of your health records and do not include the following information: medication prescription and monitoring; counseling session start and stop times; test results; types and frequency of treatment received. Additionally, psychotherapy notes do not include a summary of any of the following: diagnosis; status; treatment plan; symptoms; prognosis; and progress to date.

I may disclose your psychotherapy notes only after you have given written authorization to do so (except in very limited circumstances, such as when needed to prevent harm to you or others or to report child or elder abuse). You cannot be forced to authorize release of your psychotherapy notes to obtain health insurance benefits (although the insurance company is permitted to access certain information not in the psychotherapy notes, such as diagnosis, prognosis and summary of the treatment plan). Psychotherapy notes are not among the records that you may, by law, review or copy, unless I believe it is in your best interests to access them. I will be happy to discuss the issue of psychotherapy notes with you if you have any questions.

## **V. Your Rights regarding Health Information**

You have certain rights regarding health information that I create and maintain about you. These rights include:

**Right to Inspect and Copy.** With certain exceptions (such as psychotherapy notes as described above, information collected for certain legal proceedings and health information restricted by law), you have the right to inspect and/or receive a copy of your records. If I am unable to accommodate your request, I will inform you in writing of the reason for the denial and your right, if any, to request a review of the denial. I may charge you a reasonable fee for copying your records.

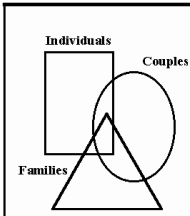
**Right to Request an Amendment.** If you believe that the health information in my records is incorrect or incomplete, you may ask me to amend the information or place an addendum (addition) in the records. Your request must explain why you think the information is incorrect. I cannot take out what is in the records but I can add information. If I am unable to grant your request, I will tell you in writing the reason for the denial and how you may appeal the decision, including your right to submit a statement disagreeing with the decision. This statement will become a part of your records.

**Right to Request an Accounting of Disclosures.** You have a right to receive a list of the disclosures I have made of your health information. This “accounting” will not include disclosures made for certain purposes, including those made to you or those made to carry out treatment (*e.g.*, to your psychiatrist), payment (*e.g.*, to your insurance company), or health care operations. You must state the time period for which you wish to receive the accounting, which may not be longer than six years and may not begin sooner than April 14, 2003. The first accounting you request in a 12-month period will be free. I may impose a reasonable fee for any additional requests in the same period.

**Right to Request Communication by Alternative Means.** If you would like me to communicate with you in a certain way (*e.g.*, by leaving a message on your office phone number) or at a certain location (*e.g.*, home only), I will make efforts to accommodate such requests for confidential communications as long as they are reasonable. I may request that you give me an alternative means to reach you, especially if there is an emergency. If I am unable to contact you using your requested means, I may contact you using any information I have.

**Right to Request Restrictions.** You have the right to request that I restrict or limit certain uses and disclosures of information. You may be asked to submit this request in writing. However, I am not required to agree to your request. I will let you know whether I am able to honor your request.

**Right to Receive a Paper Copy of this Notice.** You have the right to request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.



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In order to make any requests or exercise any rights set forth above, you must submit your request in writing to: Martin J. Gay, MS, LPC, NCC, 1845 Commercial Street, SE, Salem OR 97302. You may also contact Martin Gay by phone or e-mail during normal office hours. Further contact information is set forth in Section VI, immediately below this section.

### **VI. Contact Information**

After reviewing this Notice, if you need any further information or wish to contact me for any reason regarding your protected health information, please contact:

Martin J. Gay, MS, LPC, NCC

1335 Cannon St SE

Salem OR 97302

503-375-6362 (phone)

503-581-6046 (fax)

[mg@martingay.com](mailto:mg@martingay.com)

### **VII. Questions or Complaints**

If you believe that your privacy rights have been violated, you may file a written complaint and address it to Martin J. Gay (listed in section VI. above). If that does not satisfy your concern, you may complain to the Secretary of Health and Human Services (HHS). Instructions for filing a complaint with the appropriate office for your region can be found at <http://www.hhs.gov/ocr/howtofileprivacy.pdf>. Alternatively, you may call 1-800-368-1019 and request instructions for filing a complaint. There will be no retaliation for filing a complaint.

### **VIII. Future Changes to this Notice and My Privacy Practices**

I reserve the right to amend the terms of my privacy practices and policies and this Notice. If this Notice is revised, the changed terms will apply to all health information about you, including information obtained before the effective date of the revised Notice. Any materially revised Notice will be distributed to all clients, posted in my waiting area and posted on my website.

### **IX. Effective Date**

This Notice is effective 11/21/2006 and replaces earlier versions.