

Better Life Counseling: Notice of Privacy Practices

Effective Date: April 1, 2025

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.

Our Commitment to Your Privacy

Better Life Counseling is committed to protecting the privacy of your protected health information (PHI). We understand that information about your health is personal, and we are dedicated to maintaining its confidentiality. This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with the Health Insurance Portability and Accountability Act (HIPAA), Oregon state law, and 42 CFR Part 2 (for substance use disorder information, if applicable), and ORS 179.505 and 192.518 through 192.530.

Protected Health Information (PHI)

PHI includes any information, whether oral or recorded in any form, that relates to your past, present, or future physical or mental health condition; the provision of health care to you; or the past, present, or future payment for your health care.

How We May Use and Disclose Your PHI

Better Life Counseling may use and disclose your PHI for the following purposes:

- **Treatment:** We may use your PHI to provide you with mental health services. For example, your therapist may use your information to develop a treatment plan, coordinate your care, or consult with other healthcare providers.
- **Payment:** We may use your PHI to bill your insurance company or other responsible party for the services you receive. For example, we may provide your insurance company with information about your diagnosis and the services provided to you.
- **Healthcare Operations:** We may use your PHI for healthcare operations, such as quality improvement activities, audits, and administrative purposes. For example, we may use your information to evaluate the effectiveness of our services or to train our staff.
- **As Required by Law:** We will disclose your PHI when required to do so by federal, state, or local law. For example, we may disclose your information in response to a court order or a subpoena.
- **Abuse, Neglect, or Exploitation:** We may disclose your PHI to a government

authority authorized by law to receive such information if we reasonably believe that you are a victim of abuse, neglect, or exploitation.

- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and licensure actions.
- **Judicial and Administrative Proceedings:** We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Law Enforcement:** We may disclose your PHI to law enforcement officials for certain law enforcement purposes, such as to identify or locate a suspect, witness, or missing person.
- **Coroners, Medical Examiners, and Funeral Directors:** We may disclose your PHI to a coroner or medical examiner to identify a deceased person or determine the cause of death, and to funeral directors as necessary for their duties.
- **Research:** Under certain circumstances, we may use your PHI for research purposes. All research projects must be approved by an Institutional Review Board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your information.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **With your consent:** For any other use or disclosure, we will obtain your written authorization.

Your Rights Regarding Your PHI

You have the following rights with respect to your PHI:

- **Right to Access:** You have the right to inspect and obtain a copy of your PHI. We may charge a reasonable fee for the costs of copying, mailing, or other expenses associated with your request.
- **Right to Amend:** You have the right to request that we amend your PHI if you believe it is inaccurate or incomplete. We may deny your request in certain circumstances.
- **Right to an Accounting of Disclosures:** You have the right to receive an accounting of certain disclosures of your PHI that we have made.
- **Right to Request Restrictions:** You have the right to request that we restrict the use or disclosure of your PHI for treatment, payment, or healthcare operations. We are not required to agree to your request, except in certain cases regarding disclosures to health plans.

- **Right to Confidential Communications:** You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you can request that we contact you only at home or by mail.
- **Right to a Copy of This Notice:** You have the right to receive a paper copy of this Notice of Privacy Practices upon request.
- **Right to Complain:** If you believe your privacy rights have been violated, you have the right to file a complaint with Better Life Counseling and with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Our Legal Duties

We are required by law to:

- Maintain the privacy of your PHI.
- Provide you with this notice of our legal duties and privacy practices with respect to your PHI.
- Follow the terms of the notice that are currently in effect.

Changes to This Notice

We reserve the right to change this Notice of Privacy Practices. We will post a copy of the current notice in our office and on our website. If we make significant changes to this notice, we will provide you with a copy of the revised notice.

For More Information

If you have any questions about this notice or would like more information about our privacy practices, please contact:

Heidi Dirkse-Graw

CEO/ Licensed Professional Counselor

Better Life Counseling

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