



**Megan
Snow, LPC**

a space for growth & wellness

Megan Snow, LPC

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NOTICE OF PRIVACY PRACTICES

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

MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice.

“Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services or payment of healthcare services. This Notice applies to all records involving your care that are created, and/or maintained by Megan Snow, LPC. Your protected health information is contained in a medical record that is the physical property of Megan Snow, LPC.

This Notice was published and became effective on September 1, 2023. I reserve the right to change privacy practices, as reflected by this Notice, to revise this Notice, and to make the provisions effective for all protected health information it maintains. Revised Notices will be available on my website, in my office, or upon your request. If you are a patient insured by the United States Department of Veteran Affairs, you may be entitled to special rights and I may be subject to restrictions regarding the use and disclosure of your protected health information other than as set forth in this Notice. I am required to abide by the terms of this Notice.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information

For Treatment, Payment, or Health Care Operations:

I may use or disclose your protected health information for treatment, payment and healthcare operations as described in Section 1 without authorization from you for the purpose of providing healthcare services to you. Your protected health information may also be used and disclosed to pay your healthcare bills.

The following are types and examples of uses and disclosures of your protected healthcare information that I am permitted to make without your specific authorization. These descriptions and examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by me.

- a. Treatment: I will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party, consultations with

another provider, or your referral to another provider for your diagnosis and treatment. For example, a provider treating you may need to know if you have other health problems that might complicate your treatment and therefore may request your medical record from another healthcare provider that has provided treatment to you.

- b. **Payment:** Your protected health information may be used to obtain or provide payment for your healthcare services, including disclosures to other entities. This may include certain activities that your health insurance plan may undertake before it approves or pays for the services I recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you, and undertaking utilization review activities. For example, I may need to give your insurance company information about therapy you received so your insurance will pay for your care.
- c. **Operations:** I may use or disclose your protected health information in order to support the business activities of Megan Snow, LPC. These activities include, but are not limited to: obtaining legal services or conducting compliance programs or auditing functions; general administrative activities, such as compliance with the Health Insurance Portability and Accountability Act; and resolution of internal grievances. For example, I may disclose your protected health information to another provider, health plan, or healthcare clearinghouse for limited operational purposes of the recipient, as long as the other entity has, or has had, a relationship with you. Such disclosures will be limited to certain purposes, including: quality assessment and improvement activities, case management, accreditation, certification, licensing, credentialing activities, and healthcare fraud and abuse detection and compliance programs.
- d. **Communication:** Megan Snow, LPC may use and disclose your information to provide appointment reminders, leave a message, or leave a message with an individual who answers the phone at your residence.
- e. **Destruction of Records:** Megan Snow, LPC complies with state and federal regulations in regard to the destruction of records, specifically: the healthcare record of a person must be maintained for 7 years, after it has been received.
- f. **Family and Friends:** I may provide your protected health information to individuals, such as family and friends, who are involved in your care or who help pay for your care. I might do this if you tell me I can, or if you know I am sharing your protected health information with these people and you do not object. There may also be circumstances when I can assume, based on my professional judgment, that you would not object. For example, I might assume you agree to my disclosure of your information to your spouse if your spouse comes with you into my office during our session. Also, if you are not able to approve or object to a disclosure, I might make disclosures to a particular individual (such as a family member or friend), that I feel are in your best interest and that relate to that person's involvement in your care or payment of your care.
- g. **Custodian of Records/Professional Will:** In the event of my death or incapacitation I have assigned a "Custodian of Records" to notify my clients of this event. This is a licensed mental health provider who has been granted access to my records only in this event.

Other permitted uses and disclosures of protected health information:

I may use or disclose your protected health information without your permission in the following circumstances, subject to all applicable legal requirements and limitations:

- a. **As Required by Law:** As required by federal, state, or local law.

- b. Public Health Activities: To a public health authority for public health activities including the following: to prevent or control diseases, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- c. Health Oversight Activities: To a health oversight agency for audits, investigations, inspections, licensing purposes, or as necessary for certain government agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.
- d. Lawsuits and Disputes: In response to a subpoena or a court or administrative order, if you are involved in a lawsuit or a dispute, or in response to a court order, subpoena, warrant, summons or similar process, if asked to do so by law enforcement.
- e. Law Enforcement: To law enforcement for law enforcement purposes, so long as applicable legal requirements are met.
- f. Coroners, Medical Examiners and Funeral Directors: To a coroner or medical examiner, (as necessary, for example, to identify a deceased person or determine the cause of death) or to a funeral director, as necessary to allow him/her to carry out his/her activities.
- g. Organ and Tissue Donation: If you are an organ or tissue donor, to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate a donation and transplantation.
- h. Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- i. Serious Threat to Health or Safety; Disaster Relief: To appropriate individual(s)/organization(s) when necessary (i) to prevent a serious threat to your health and safety or that of the public or another person, or (ii) to identify, locate, or notify your family members or persons responsible for you in a disaster relief effort.
- j. Military and Veterans: As required by military command or other government authority for information about a member of the domestic or foreign armed forces, if you are a member of the armed forces.
- k. National Security; Intelligence Activities; Protective Service: To federal officials for intelligence, counterintelligence, and other national security activities authorized by law, including activities related to the protection of the President, other authorized persons or foreign heads of state, or related to the conduct of special investigations.
- l. Workers' Compensation: For workers' compensation or similar work-related injury programs, to the extent required by law.
- m. Inmates: To a correctional institution (if you are an inmate) or a law enforcement official (if you are in that official's custody) as necessary (i) for the institution to provide you with health care; (ii) to protect your or others' health and safety; or (iii) for the safety and security of the correctional institution.

Federal law and regulations also do not protect any information about:

- A crime you commit or threaten to commit at my office or against any person who works at my office;

- Suspected child abuse or neglect required by state law to be reported to appropriate state or local authorities.

Certain uses and disclosures that require your authorization:

While I may use or disclose your health information without your written authorization as explained above, there are other instances where I will obtain your written authorization. Except as otherwise provided in this Notice, I will not use or disclose your protected health information without your written authorization. You may revoke an authorization at any time, except to the extent that I have already relied on the authorization and taken actions.

Examples of protected health information that may be subject to special protections include protected health information involving mental health, HIV/AIDS, reproductive health, sexually transmitted or other communicable diseases, and alcohol or drug abuse. I may limit disclosure of the specially protected health information to what the law permits or I may contact you for the necessary authorization.

Specific, examples, of uses or disclosures that require written authorization include:

- Disclosures that constitute the sale of your protected health information;
- Disclosures of substance use disorder records (unless an exception applies);
- Most uses and disclosures of psychotherapy notes.

YOUR RIGHTS:

You have the following rights regarding your health information. To exercise any of the rights below, please contact me at megan@megansnowlpc.com or call 971-424-8895 to obtain the proper forms. You have the right to:

- Inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in your medical record, including medical and billing records and any other records that I may have/use for making decisions about you. I may charge you for the cost of copying, mailing or associated supplies. Under federal law, however, you may not inspect or copy certain records, including: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.
- Request a restriction of your protected health information. This means you may ask me not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. I am not required to agree to a restriction that you may request, unless you request to restrict the disclosure of your protected health information to a health plan for the purpose of carrying out payment or healthcare operations and the protected health information relates only to a healthcare item or service for which you have paid me in full out of your pocket (not through insurance), in which case I will accept such restriction request. If I agree to the requested restriction, I may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

- Receive an accounting of certain disclosures I have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It also excludes disclosures I may have made to you, to family members or friends involved in your care, or for notification purposes, disclosures for which you have signed an authorization and certain other disclosures. You have the right to receive specific information regarding these disclosures that occurred during the six years prior to the date of your request. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- Obtain a paper copy of this Notice upon request and in a timely manner. You may obtain a paper copy of this Notice by sending an email request to megan@megansnowlpc.com or by calling 971-424-8895. The Notice is also available on my website.

COMPLAINTS:

You may direct any complaint to me, to the Secretary of the Department of Health and Human Services, and/or to the Oregon Board of Licensed Professional Counselors if you believe your privacy rights have been violated. I will not retaliate against you for filing a complaint.

NON-RETALIATION:

I will not retaliate against you for requesting access to your medical records, Notice of Privacy Practices or any other HIPAA-related documents. Further, I will not retaliate against you for filing or making me aware of any HIPAA complaints or grievances.

Acknowledgement of Receipt of "Notice of Privacy Practices:"

By checking the box below, you are acknowledging that you have received a copy of Megan Snow, LPC's HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT: