



Pacific Northwest Recovery & Counseling  
TMS Oregon  
Liana Hategan MD PC

## Liana Hategan MD PC Notice of Privacy Practices

***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. If you have any questions about this notice, please contact us at: 971-228-8672. This notice describes the privacy practices at our office. Our Privacy Officer is Alina Selagea .***

*This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. "Protected Health Information" is information about you, including demographic information that may identify you and that relates to your past, present and future physical or mental health or condition related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.*

### **1. USE AND DISCLOSURES OF PROTECTED HEALTH SERVICES**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your physician's practice. Following are examples of the types of uses and disclosures of your protected health information that your physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment.** We may use and disclose your health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**Payment.** We may use and disclose your health information so that others or we may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give information to your health plan so that they will pay for your treatment. This may include certain activities that your insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**Health Care Operations.** We may use and disclose, as needed, your protected health information in order to support the business activities or your physician's practices. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, conducting or arranging business activities, to evaluate and improve our medical care and to operate and manage our office. For example, we may use and disclose information to a peer review organization or a health plan that is evaluating our care. We may also share information with others that have a relationship with you for their health care operation activities. We will share your protected health information with third party "business associates" that perform various activities (for example billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. We may use or disclose your protected

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health information as necessary to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

## Liana Hategan MD PC      Notice of Privacy Practices continued

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object**

We may use or disclose your protected health information in the following situation without your authorization or providing you the opportunity to agree or object. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use and disclosure will be made in compliance with the law and will be limited to relevant requirements of the law. You will be notified, if required by law of any such uses or disclosures.

**Public Health Risks.** We may disclose your health information for public health activities to prevent or control disease, injury or disability. We may use your health information in reporting births or deaths, suspected child abuse or neglect, medication reactions or product malfunctions or injuries, and product recall notifications.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of the quality, safety and effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recall; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Communicable diseases:** Our medical doctor(s) may use your health information to notify someone who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Abuse or neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. If we are concerned that the patient may have been a victim of abuse, neglect, or domestic violence we may ask your permission to make a disclosure to an appropriate government authority. We will make that disclosure only when you agree or when required or authorized to do so by law and made consistent with the requirement of the applicable federal and state laws.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such audits, investigations and inspections. Oversight agencies seeking this information are government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Research.** We may use and disclose your health information for research. Before we do so, the project needs to go through a special approval process meaning it has to be approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. Disclosures will be made only to someone who can prevent the threat.

**Military and Veterans.** If you are a member of the armed forces, we may release your health information as required by military command authorities. If you are a member of a foreign military we may release your health information to the foreign military command authority.

**Worker's Compensation.** We may release your health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

**Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.



## Liana Hategan MD PC      Notice of Privacy Practices continued

**Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We may disclose your health information 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.

**Law Enforcement.** We may release your health information request by law enforcement official if 1) there is a court order, subpoena, warrant, summons or similar process; 2) if the request is limited to information needed to identify or locate a suspect, fugitive, material witness, or missing person; 3) the information is about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain your agreement; 4) the information is about a death that may be the result of criminal conduct; 5) the information is relevant to criminal conduct on our premises, and it is needed in an emergency to report a crime, the location of a crime or victims, or the identity, description, or location of the person who may have committed the crime.

**Coroners, Medical Examiners, and Funeral Directors.** We may release your health information to a coroner, medical examiner, or funeral director to identify a deceased person or cause of death, or other similar circumstance.

**National Security and Intelligence Activities.** We may disclose your health information to authorized federal officials for intelligence and other national security activities authorized by law.

**Inmates or individuals in Custody.** If you are an inmate of a correctional institution or in custody we may disclose your information 1) for the institution to provide you with health care, 2) to protect your health and safety or that of others, and 3) for the safety and security of the institution.

**Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** We may use and disclose your health information to contact you and remind you of your appointment to tell you about treatment alternatives or health-related benefits and services you could use.

### Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your written authorization; in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

### Other Permitted and Required Uses and Disclosures that Require Providing You the Opportunity to Agree or Object.

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest.

**Facility Directories:** Unless you object, we will use and disclose in our facility directory your name, location at which you are receiving care, your general health condition (such as fair or stable), and your religious affiliation. All of this information, except religious affiliation will be disclosed to people that ask for you by name. Your religious affiliation will be only given to a member of the clergy, such as a priest or a rabbi.

**Others Involved in Your Health Care or Payment for Your Care:** Unless you may object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally we may use or disclose your protected health information to an authorized public private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.



## Liana Hategan MD PC

## Notice of Privacy Practices continued

### **2. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your medical and billing records by contacting us at: 971-228-8672. We do not use Electronic Health Records; a copy of your records can be obtained on request on paper. As permitted by federal and state law, we may charge a reasonable copy fee for a copy of your records.

Under the federal law however, you may not inspect or copy the following records; psychotherapy notes, information completed in anticipation of, or use in, a civil, a criminal or administrative action or proceeding; and laboratory results that are 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 the right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

**Right to Request Restrictions.** You have the right to request restriction or limitation on your health information used for treatment, payment or health care operations. You may request that any part of your protected health information not to be disclosed to family members or friends who may be involved in your care or for your notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restrictions and to whom you want the restriction to apply. Your physician is not required to agree to the restriction that you may request, If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind please discuss any restrictions by providing any restriction you wish to request with your physician. You may request a restriction by **providing a written notice with your date and signature.**

**Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You can ask, for example, that we contact you only by mail or at work. **Your written request must specify how or where you wish to be contacted.** We will accommodate reasonable requests. However we may condition this accommodation by asking your information as to how payment will be handled or specification of an alternative address or method of payment. We will not request an explanation from you as to the basis for the request.

**Right to request Your Physician to Amend Your Protected Health Information:** This means you may request an amendment of your protected health information about you in a designated record set for so as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment you have the right to file for disagreement with us and we may prepare a rebuttal. Please contact our Privacy Officer if you have any questions about amending your medical record/

**Right to Receive an Accounting of Certain Disclosure We Have Made, if any of Your Protected Health Information:** This right applies to disclosure purposes other than treatment, payment or health operation as described in the notice of privacy practices. It excludes disclosures we may have made to you if you authorized us to make disclosures, for a facility directory, to family members or friends involved in your care. or for notification purposes, for national security or intelligence, to law enforcement. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**Right to Obtain Paper Copy of This Notice:** Upon request you can obtain a paper copy of this notice.

### **3. COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying any staff member of your complaint. We will not retaliate against you for filing a complaint. You may contact the **Privacy Officer** for further information about the complaints process at 971-228-8672.



This notice was published and became effective on April 8, 2022.

Effective 06/1/2010  
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## HIPAA Disclosure Acknowledgement

*I understand that under the Health Insurance Portability Act (HIPAA) I have certain legal rights to privacy regarding protected health information (PHI). My signature serves as verification that I have read, understand, and received a copy of the Notice of Privacy Practices (NPP).*

Name (printed): \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

(Retain for client file.)