

**Elizabeth Nelson LPC/ATR-BC**  
**Licensed Professional Counselor #C7529**  
**Board Certified Art Therapist #15-279**  
**NPI #1225246440**  
**P.O. Box 17300 Portland, OR 97217**  
[elizabethjolpc@yahoo.com](mailto:elizabethjolpc@yahoo.com)  
**971-998-5584**

## **NOTICE OF PRIVACY PRACTICES**

This notice describes how medical information about you may be used and disclosed by Elizabeth Nelson LPC, ATR-BC (Licensed Professional Counselor and Board Certified Registered Art Therapist) and how you can get access to this information. I am required by law to maintain the privacy and security of your protected health information (“PHI”) and to provide you with this Notice of Privacy Practices. I must abide by the terms of this notice, and I must notify you if a breach of your unsecured PHI occurs. I can change the terms of this notice, and such changes will apply to all information I have about you. The new notice will be available upon request, but I will also provide a new notice if my privacy practices change. Except for the specific purposes set forth below, I will use and disclose your PHI only with your written authorization. It is your right to revoke such authorization at any time by giving me written notice of your revocation.

### **Subject to certain limitations mandated by law, I can use and disclose your PHI without your authorization for the following reasons:**

- I can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, I can disclose your PHI to him or her to help coordinate your care, although my preference is for you to give me an authorization to do so.
- I can use and 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 to get paid for the health care services that I have provided to you, although my preference is for you to give me an authorization to do so.
- I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice. For example, I may need to disclose your PHI to an attorney to obtain advice about complying with applicable laws.
- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an authorization from you before doing so.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- For workers' compensation purposes. Although my preference is to obtain an authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
- Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me.

**Situations your PHI would not be disclosed:**

- As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
- As a psychotherapist, I will not sell your PHI in the regular course of my business.

**You have the following rights with respect to your PHI:**

- The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
- The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
- The Right to See and Get Copies of Your PHI. You have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request.
- The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge.
- The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
- The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

\*You have the opportunity to object disclosures to family, friends, or others. 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.

**How to complain about my privacy practices:**

If you think I may have violated your privacy rights, you may file a complaint with me, as the Privacy Officer for my practice, and my address and telephone number are: (Exclusively Telehealth Practice in Portland Oregon) 971-998-5584.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

1. Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201;
2. Calling 1-877-696-6775; or,
3. Visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

\*I will not retaliate against you if you file a complaint about my privacy practices.

EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on August 4, 2024.

\*Please ask questions before signing this document if there is any part that you do not understand.

I have read and understand this Notice of Privacy Practices put forth by Elizabeth Nelson LPC, ATR-BC.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(if client is under 18 yrs.)**

**Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Elizabeth Nelson LPC/ATR-BC**