



Align Counseling LLC
780 Commercial St S, Ste. 104
Salem, OR 97301
phone 971-901-2731
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NOTICE OF PRIVACY PRACTICES

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

YOUR HEALTH INFORMATION

This document applies to the information and records we have about any health related and counseling services you might receive through Align Counseling. We are required by law to give you this notice and all staff are required to follow it. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

Your health information may include information created and received by your therapist. The information may be in the form of written or electronic records or spoken words. It may also include information about your health history, health status, symptoms, counseling, evaluations, prescriptions, diagnoses, treatments, and related billing activity and/or similar types of health-related information.

HOW HEALTH INFORMATION ABOUT YOU MIGHT BE DISCLOSED

We may use and disclose health information for the following purposes:

Regarding treatment, we may release information to your primary care physician and/or other treating physicians, therapists, counselors, care givers, office staff, supervisors, or other personnel who are involved in taking care of you and your health. This will not be done without your written consent unless special situations call for it and are listed later in this document.

Regarding payment, we may use and disclose health information about you so the treatment and services you receive may be billed and payment collected from you, an insurance company, or a third party.

Our disclosures of your health information to plans and other providers may be for helping these plans and providers to provide or improve care, reduce cost, coordinate, and manage health care and services, train staff, and comply with the law.

SPECIAL SITUATIONS WHERE YOUR HEALTH INFORMATION MIGHT BE DISCLOSED WITHOUT CONSENT

To avert a serious **threat to health or safety**. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

When it is **required by law**. We will disclose health information about you when required to do so by federal, state, or local law.

When asked by **military, national security, and intelligence**. If you are or were a member of the armed forces, or part of the national security, or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.



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For workers' compensation **claims**. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

When there is a **public health risk**. We may disclose health information about you for public health reasons to prevent or control disease, injury or disability, or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

When there are **health oversight activities**. We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

For lawsuits and **dispute**. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law enforcement need. We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.

For the **coroners, medical examiners, and funeral directors**. We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information that does not personally identify you. We may use or disclose health information about you in a way that does not personally identify you or reveal who you are. This is usually done during supervision or consultation.

Family, friends, and emergency contacts in situations where you are not able to be contacted or something happens during session. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member, friend, or emergency contact is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.

SUMMARY

We **will not** use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

We will need specific, written authorization from you to disclose certain types of specially protected information such as HIV, substance abuse, mental health, and genetic testing information.