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. [164.520(b)(1)(i)]

I. Who We Are-

This Notice describes the privacy practices of Amanda Orton, LMFT. It applies to services furnished to you at the following address: 712 NW 4th Street, Corvallis in the State of Oregon. [164.520(d)(2)(i)]

II. Our Privacy Obligations-

We are required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure). [164.520(b)(1)(v)(A)]

III. Permissible Uses and Disclosures without Your Written Authorization-

In certain situations, which we will describe in Section IV below, we must obtain your written consent or authorization ("Your Authorization") in order to use and/or disclose your PHI. However, unless the PHI is Highly Confidential Information (as defined in Section IV.C below) and the applicable law regulating such information imposes special restrictions on us, we may use and disclose your PHI without Your Authorization for the following purposes:

A. Treatment, Payment and Health Care Operations. We may use and disclose PHI, in order to treat you, obtain payment for services provided to you and conduct our health care operations as detailed below: {WPCS policies and procedures require that we obtain your written consent/authorization in order to disclose most PHI}Treatment. We use and disclose your PHI to provide treatment and other services to you--for example, to diagnose and treat you. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment. {Our policies and procedures require that we obtain your written consent/authorization in order to disclose most PHI} Payment. We may use and disclose your PHI to obtain payment for services that we provide to you from your private health insurer, HMO or other private payor. [ORS 179.505(4)(c)]. We may use and disclose your PHI to obtain payment via a debt collection agency. We will make 3 attempts via mail before doing so.

Health Care Operations-

A. We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you.

B. Disclosure to Relatives, close friends and other caregivers-We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure. [164.510(b)]

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. [164.510(b)]

C. Public Health Activities. We may disclose your PHI for the following public health agency (1) to report child abuse and neglect to the Oregon Department of Children and Family Services or other government authorities authorized by law to receive such reports.

D. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to the Oregon Department of Children and Family Services, the Oregon Department of Human Services or other governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence. [164.512(c)]

E. Health Oversight Activities. We may disclose your PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid. [164.512(d)]

F. Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process. Further, unless specifically authorized by a court order, we may not use or disclose PHI identifying you as a recipient of substance abuse program services if the purpose is to initiate or substantiate any criminal charges against you or to conduct any investigation of you. [164.512(e)] [42 C.F.R part 2]

G. Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena. [164.512(f)].

H.. Health or Safety. We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety. [164.512(j)]

I. As required by law. We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

J. We may disclose your PHI to a HIPAA compliant Clearinghouse used as a tool to bill your insurance.

IV. Uses and Disclosures Requiring Your Written Authorization-

For any purpose other than the ones described above in Section III, we only may use or disclose your PHI when you give us Your Authorization on our consent or authorization form. [164.508(a)(1)]

A. Private Payors. We must obtain Your Authorization to disclose PHI to your HMO, health insurer or other private payor.

B. Uses and Disclosures of Your Highly Confidential Information. In addition, federal and Oregon law imposes special privacy protections for "Highly Confidential Information"), which is Psychotherapy Notes and the subset of Protected Health Information that is related to: (1) treatment of a mental illness; (2) alcohol and drug abuse treatment program services; (3) HIV/AIDS testing; (4) child abuse and neglect; (5) sexual assault; and (6) genetic testing. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by laws regulating Highly Confidential Information, we must obtain Your Authorization.

V. Your Rights Regarding Your Protected Health Information

A. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Privacy Office. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director. [164.520(b)(1)(vi); 164.530(a)(1)(ii)]

B. Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office. We will send you a written response. [164.522(a); 164.520(b)(1)(iv)(A)]

C. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations. [164.522(b); 164.520(b)(1)(iv)(B)]

D. Right to Revoke Your Authorization. You may revoke Your Authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Office identified below. [A form of Written Revocation is available upon request from the Privacy Office.] [164.520(b)(1)(ii)(E)]

E. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form and provide to Amanda Orton. If you request copies, we will charge you $1.00 for each page. We will also charge you for our postage costs, if you request that we mail the copies to you. If you request a summary of your PHI, we will charge you $50.00 for each summary. [164.524; 164.520(b)(1)(iv)(C)]

F. Right to Amend Your Records. You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Privacy Office and submit the completed form to the Privacy Office. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply. [164.526; 164.520(b)(1)(iv)(D)]

G. Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed seven years and does not apply to disclosures that occurred prior to April 14, 2009. [164.528; 164.520(b)(1)(iv)(E)] If you request an accounting more than once during a twelve (12) month period, we will charge you $2.00 for each page of the accounting statement.

H. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically. [164.520(c)(3); 164.520(b)(1)(iv)(F)]

I. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas around our office You also may obtain any new notice by contacting the Privacy Office- at the address listed below.

J.Information We Collect- When you opt-in to receive SMS messages you are consenting to receive and send SMS messages to Amanda P. Orton, LMFT. Amanda P. Orton, LMFT utilizes the Goto phone and texting app as well as Simple Practice ERA to schedule and confirm appointments and to provide services. We may collect your information directly from you, such as when you complete a form or contact us or automatically, such as when you interact with our website.

Choices and Controls - You can opt out of receiving SMS messages at any time by notifying Amanda P. Orton, LMFT.

To Whom We Disclose Your Information- We do not share your personal information, phone number, or SMS consent opt-in data with third parties or affiliates for marketing or promotional purposes.

Updates- We may periodically update this privacy policy. If we make material changes that have a substantive and adverse impact on your privacy, we will provide notice on this website prior to the change becoming effective. We encourage you to periodically review this page for the latest information about our privacy practices.

VII. Privacy Office [164.530(a)(1)]

You may contact the Office at: 541-393-9008 or 712 NW 4th Street, Corvallis OR 97330