

# Notice of Privacy Practices

---

**Greater New Hope Family Services**

1550 NW Eastman Pkwy, Suite 175

Gresham, OR 97030

Phone: (503) 610-3853

Email: admin.therapy@greaternewhopefamilyservices.com

---

**NOTICE OF PRIVACY PRACTICES****Effective Date: January 1, 2024****THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

---

**I. Our Commitment to Your Privacy**

At Greater New Hope Family Services, we understand that your health information is personal. We are committed to protecting your protected health information (PHI). We maintain a record of the care and services you receive, which is necessary for providing quality treatment and complying with legal requirements. This Notice applies to all records of your care generated by this practice.

We are legally required to:

- Maintain the privacy of your PHI.
- Provide you with this Notice of our legal duties and privacy practices.
- Abide by the terms of this Notice currently in effect.
- Notify you in the event of a breach involving your unsecured PHI.

We reserve the right to revise this Notice at any time. The revised Notice will apply to all your health information we maintain and will be available upon request, in our office, and on our website.

---

**II. How We May Use and Disclose Your Health Information**

We may use or disclose your PHI for the following purposes without your written authorization:

**1. Treatment, Payment, and Health Care Operations:**

We may use or disclose your PHI to provide, coordinate, or manage your treatment, including consultations with other healthcare providers. We may also use or disclose your information to obtain payment for services provided or for our internal operations (e.g., quality assessments, staff training).

**2. Legal Proceedings:**

We may disclose PHI in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process, provided that efforts have been made to notify you or to obtain a protective order.

---

**III. Uses and Disclosures That Require Your Written Authorization**

Certain uses and disclosures of your PHI will be made only with your written consent:

**1. Psychotherapy Notes:**

Use or disclosure of psychotherapy notes requires your authorization, except for limited circumstances such as treatment, training, legal defense, compliance investigations, or as otherwise required by law.

**2. Marketing and Sale of PHI:**

We will not use or disclose your PHI for marketing purposes or sell your PHI without your explicit authorization.

---

**IV. Uses and Disclosures That Do Not Require Your Authorization**

We may use or disclose your PHI without your authorization in the following situations:

- When required by federal, state, or local law.
  - To report suspected child, elder, or dependent adult abuse.
  - To prevent or reduce a serious threat to health or safety.
  - For health oversight activities (e.g., audits, inspections).
  - For judicial or administrative proceedings.
  - To law enforcement for limited purposes.
  - To coroners or medical examiners as required by law.
  - For research purposes under certain conditions.
  - For specialized government functions (e.g., military, national security).
  - To comply with workers' compensation laws.
  - To remind you of appointments or inform you of treatment alternatives and health-related services.
- 

**V. Uses and Disclosures That Require You the Opportunity to Object**

**Family, Friends, or Others Involved in Your Care:**

We may disclose your PHI to a family member, friend, or person you identify as involved in your care or payment for care. If you object, please inform us. In emergencies, we may disclose information as necessary and give you the opportunity to object afterward.

---

**VI. Your Rights Regarding Your Health Information**

**1. Right to Request Restrictions:**

You may request restrictions on how your PHI is used or disclosed. While we are not required to agree, we will comply with reasonable requests related to disclosures for services you have paid for in full out-of-pocket.

**2. Right to Request Confidential Communications:**

You may request that we communicate with you through specific means (e.g., alternate address or phone number), and we will honor all reasonable requests.

**3. Right to Access and Obtain Copies:**

You have the right to view or request a paper or electronic copy of your PHI (excluding psychotherapy notes). We will provide access or a summary within 30 days of your written request and may charge a reasonable, cost-based fee.

**4. Right to an Accounting of Disclosures:**

You may request a list of disclosures of your PHI made in the past six years, excluding those made for

treatment, payment, or health care operations. The first request each year is free; additional requests may incur a fee.

**5. Right to Amend Records:**

If you believe your records are incorrect or incomplete, you may request an amendment. We may deny the request but will provide a written explanation within 60 days.

**6. Right to a Paper or Electronic Copy of This Notice:**

You may request a paper or emailed copy of this Notice at any time.

---

**Acknowledgement of Receipt of Privacy Practices**

Under HIPAA, you have certain rights regarding the use and disclosure of your PHI. By signing below, you are acknowledging that you have received, read, and understand this **Notice of Privacy Practices**.