



ROHMAN PSYCHOLOGY
— PLLC —

NOTICE OF PRIVACY PRACTICES

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

Rohman Psychology, PLLC, is committed to maintaining the privacy and confidentiality of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information as required by law. In that regard, we require you to likewise respect the privacy of others you may encounter in treatment.

Rohman Psychology, PLLC, collects health information about you and stores it in an electronic health record. This is your medical record. The medical record is the property of Rohman Psychology, PLLC, but the information in the medical record belongs to you. The Health Insurance Portability and Accountability Act (HIPAA) requires Rohman Psychology, PLLC, to maintain the privacy of your medical record. HIPAA generally requires that any uses or disclosures of information in your medical record be limited to the minimum necessary to the purposes of the uses or disclosures. HIPAA also provides you certain rights with respect to the information in your medical record which are described below.

Information relating to your treatment at Rohman Psychology, PLLC, is protected by federal regulations specific to drug and alcohol treatment, which are known as 42 CFR Part 2. These regulations protect the confidentiality of information relating to the identity, diagnosis, prognosis, or treatment of any patient in a drug or alcohol treatment program. Rohman Psychology, PLLC, may not disclose records relating to your treatment without your written consent, except in narrowly limited circumstances. Under 42 CFR Part 2, the terms of a written consent to disclose information must specify the scope and types of information to be disclosed, the parties to whom the information may be disclosed, the purpose of the disclosure and the timeframe of the consent. You may revoke a consent to disclose information relating to drug and alcohol verbally or in writing at any time.

Rohman Psychology, PLLC, may ask for your written consent to disclose treatment information for certain purposes, including releasing treatment information to or obtaining information from your other medical providers, obtaining payment from insurance or other payors, contacting your family either for treatment purposes or in the case of a medical or other emergency. Rohman Psychology, PLLC, will not disclose your treatment information for these purposes without your consent.

Rohman Psychology, PLLC, may disclose treatment information without your written consent under certain narrow circumstances as permitted by 42 CFR Part 2. For treatment purposes, Rohman Psychology, PLLC, is permitted to use and disclose treatment information internally and to entities with which it shares administrative control. Rohman Psychology, PLLC, is permitted to share treatment information as necessary with qualified service organizations that agree to maintain the confidentiality of the information. Rohman Psychology, PLLC, also may disclose treatment information to outside auditors, regulatory agencies, and evaluators and for certain research purposes. Rohman Psychology, PLLC, may disclose treatment information without your written consent when necessary in a life-threatening medical emergency and may disclose to report a crime on the premises or against Rohman Psychology, PLLC, personnel. Rohman Psychology, PLLC, also may disclose patient information without consent where the state mandates child abuse and neglect reporting; when cause of death is being reported; or when required by a valid court order that contains specific required findings. Rohman Psychology, PLLC, may contact you to share information about Rohman Psychology, PLLC, treatment services or to send you reminder notices of future appointments for your treatment.

Your Health Information Rights

In addition to protecting privacy and confidentiality, HIPAA and 42 CFR Part 2 afford you the following rights with respect to your medical record and drug or alcohol treatment information:

1. You have the right to a paper copy of this written notice of Rohman Psychology, PLLC, privacy practices.
2. You have a right to request a copy of your treatment record or to receive your health information through a reasonable alternative means or at an alternative location. Rohman Psychology, PLLC, requires that all such requests be put in writing. A reasonable fee will be charged for copying your health information.
3. You have a right to request that Rohman Psychology, PLLC, amend health information that is incorrect or incomplete. If Rohman Psychology, PLLC, determines not to amend the health information, it will provide you with an explanation of the reason for the denial and your rights to disagree with the denial.
4. You have a right to request restrictions on otherwise permitted uses and disclosures of your health information. Rohman Psychology, PLLC, is not obligated to comply with such requests.
5. You may request that we provide you with a written accounting of all disclosures made by us during a specific time period (not to exceed 6 years). We ask that such requests be made in writing on a form provided by our facility. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made with your written consent for reasons of treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care. You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee.

Changes to this Notice of Privacy Practices

Rohman Psychology, PLLC, reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until

amendment is made, Rohman Psychology, PLLC, is required by law to comply with this Notice. Should our privacy practices change, we will provide all current and future patients with a copy of the revised Notice of Privacy Practices.

Effective October 12, 2023

III. Complaints Regarding Privacy Practices

Complaints about this Notice of Privacy Practices or how Rohman Psychology, PLLC, handles your health information should be directed to:

Rohman Psychology, PLLC

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to one of the following:

Department of Health and Human Services

Office of Civil Rights

200 Independence Avenue, SW Room 509F, HHH Building

Washington, DC 20201

Department of Drug and Alcohol Programs

Bureau of Quality Assurance for Prevention and Treatment

State Health and Human Services

Oregon Department of Human Services

500 Summer St. NE E-15

Salem, OR 97301

You may also address your complaint to one of the regional U.S Department of Health and Human Services Offices for Civil Rights. A list of these offices can be found online at: <https://www2.ed.gov/about/offices/list/ocr/addresses.html>