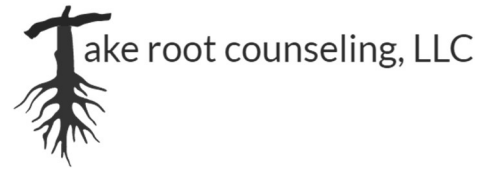


Professional Disclosure Statement

Zoë Chrisman-Miller, MS, NCC, LPC
Take Root Counseling, LLC
833 NW Buchanan Ave Corvallis, OR 97330
zoecm@takerootcounseling.com
PH: 971-380-9149 FAX: 971-386-1063



NOTICE OF PRIVACY PRACTICES

Effective January 2024

This notice describes how medical information about you is stored, may be used and disclosed, and how you can get access to this information. Please review it carefully.

How Records Are Stored

I keep and store records for each client in a record-keeping system produced and maintained by SimplePractice, LLC at SimplePractice.com. This system is “cloud-based,” meaning the records are stored on servers, which are connected to the Internet. Here are the ways in which the security of these records is maintained:

- I have entered into a HIPAA Business Associate Agreement with SimplePractice.
- Because of this agreement, SimplePractice is obligated by federal law to protect these records from unauthorized use or disclosure.
- The computers on which these records are stored are kept in a Tier 1 secure hosting provider specializing in maintaining HIPAA security requirements and protected by proximity readers, biometric scanners, and security guards 24 hours a day, 7 days a week, 365 days a year.
- SimplePractice also employs their own extensive security measures, including secondary passwords, encryption, email/text confirmation of password changes, run thousands of tests on its own software, and multiple checks for a secure transmission protocol for each transmission.
- I have my own security measures to protect the devices I use to access these records, such as: antivirus software, password protection, two-step verification, and firewalls to maintain the security of the device and prevent unauthorized persons from using it to access my records.

Here are things to keep in mind about my record-keeping system:

- While my record-keeping company and I both use security measures to protect these records, their security cannot be guaranteed.
- Some workforce members at SimplePractice, such as engineers or administrators, may have the ability to access these records for the purpose of maintaining the system itself. As a HIPAA Business Associate, SimplePractice is obligated by law to train their staff on the proper maintenance of confidential records and to prevent misuse or unauthorized disclosure of these records. This protection cannot be guaranteed, however.
- My record-keeping company keeps a log of my transactions with the system for various purposes, including maintaining the integrity of the records and allowing for security audits.

Your Rights

- When it comes to your protected health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you. Ask me how to do this.
- I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

Ask me to correct your medical record

- You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.
- I may say “no” to your request, but I’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

- I will say “yes” to all reasonable requests, barring that these requests do not interfere with the limits to our confidentiality within the bounds of my code of ethics and my legal duties in my role as a professional counselor.

Ask me to limit what I use or share

- You can ask me not to use or share certain health information for treatment, payment, or my operations. I am not required to agree to your request, and I may say “no” if it would affect your care or if your request interferes with the limits to our confidentiality within the bounds of my code of ethics and my legal duties in my role as a professional counselor.
- If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will say “yes” unless a law requires me to share that information.

Get a list of those with whom I have shared information

- You can ask for a list (accounting) of the times I've shared your health information for six years prior to the date you ask, who I shared it with, and why.
- I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any disclosures you asked me to make). I'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly via USPS mail.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- I will make sure the person has this authority and can act for you before I take any action. This may mean that I ask you to provide me with legal documents or consent documents indicating that you agree to allow this person to access your health information.

File a complaint if you feel your rights are violated

- You can complain if you feel I have violated your rights by contacting me using the information on the bottom of the page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- You can also file a complaint with my licensing board: 3218 Pringle Rd SE, #120, Salem, OR 97302-6312 Telephone: (503) 378-5499 Email: lpct.board@mhra.oregon.gov Website: www.oregon.gov/OBLPCT
- I will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions. In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

- I will never market or sell your health information.

My Uses and Disclosures

I typically use or share your health information in the following ways:

- **Run my practice.** I can use your health information to run my practice, improve your care, and contact you when necessary. Example: I use health information about you to manage your treatment and services.
- **Consultation.** I can consult with other mental health professionals regarding your care. Example: I consult with another therapist to determine the best course of treatment for you.

- **Bill for your services.** I can use and share your health information to bill and get payment from health plans or other entities. Example: I give information about you to your health insurance plan so it will pay for your services.
- I am allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health. I have to meet many conditions in the law before I can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.
- **Help with public health and safety issues.** I can share health information about you for certain situations such as:
 - o Preventing disease
 - o Reporting suspected abuse or neglect of a vulnerable population
 - o Preventing or reducing a serious threat to anyone’s health or safety, including your own.
- **Comply with the law.** I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I'm complying with federal privacy law.
- **Address workers’ compensation and other government requests.** I can use or share health information about you:
 - o For workers’ compensation claims
 - o With health oversight agencies for activities authorized by law
 - o For special government functions such as military, national security, and presidential protective services
- **Respond to lawsuits and legal actions.** I can share health information about you in response to a court or administrative order, in response to a subpoena, or defend claims brought against me.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing.
- If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request in my office.