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Notice of Privacy Policies

Effective Date: 7/1/2024

This statement contains information regarding how mental health information about you may be used, disclosed and safeguarded, and how you can get access to this information. Please review it carefully. If you have any questions, discuss them with me. Your signature at the bottom of this sheet signifies that you have read, understand, and agree to these policies.

I. My Responsibility

Protected health information (PHI) is any information regarding your health care that can identify you as the recipient of health care services. I respect the privacy of this information and will maintain its confidentiality in a responsible and professional manner.

The law requires me to provide you with this notice and abide by its terms. It may be necessary to change the terms of this notice in the future. If this notice is revised, the amended terms shall apply to all health information that I maintain, including information about you collected or obtained before the effective date of the revised notice. If the revisions reflect a material change to the use and disclosure of your information, your rights regarding such information, my legal duties, or other privacy practices described in the notice, I will send copies to all active patients.

II. Use and Disclosure of your Protected Health Information

I will not use or disclose your protected health information without written authorization unless allowed or required to do so by law. Any specific written authorization may be revoked, at any time, in writing, except to the extent I have taken action in reliance on that

written authorization before you have revoked it. Under federal law, I am permitted to use and disclose personal health information without authorization for your treatment, payment, and health care operations. I may also use and disclose your personal information without authorization for the following purposes as required or permitted by law. If feasible, I will inform you promptly that I have made such a disclosure.

- To a state or federal agency to report suspected abuse, neglect, or domestic violence. If such a report is optional, I will use my professional judgement in deciding whether or not to make such a report.
- In the course of a judicial or administrative proceeding, in accordance with my legal obligation.
- To a law enforcement official for certain law enforcement purposes. For example, to report certain types of injuries as required by law, assist law enforcement to locate someone such as a material witness, or make a report concerning suspected criminal conduct.
- To public safety authorities consistent with my legal and ethical obligations, based on a good faith determination that such disclosure is necessary to prevent a serious and imminent threat to the public or to identify or apprehend an individual sought by law enforcement.
- To family members, close personal friends, your personal representative or other person responsible for your care to the extent necessary to help with your health care or with payment of your health care when you are unable to provide authorization due to, for example, being incapacitated or some other emergency circumstance. Any such disclosure will be limited to information directly related to the person's involvement in your care and may include notification of your location, general condition, or death. I will use my professional judgement to determine what is in your best interest. I will also use professional judgement to make decision in your best interest about allowing someone to pick up medicine or medical information for you.
- For certain specialized government functions, as authorized by law, such as military authorities, determination of veteran's benefits, national security and

intelligence activities, protection of the President and other officials, and the health, safety, and security of correctional institutions.

- To the extent necessary to comply with the laws related to workers compensation and other similar programs.
- To health oversight agencies authorized by law to facilitate auditing, inspection, or investigation related to my provision of health care, or to the health care system.
- To business associates who are performing services on my behalf. For example, I may contract with another psychiatrist to cover in my absence; contract with a company to maintain my computer systems, or to do my typic or billing. Billing associates are obligated to safeguard your health information. I will share with my business associates only the minimum amount of health information necessary for them to assist me.
- To coroners, medical examiners, funeral directors and organ procurement entities to assist in their duties.
- To private and public entities to assist in disaster relief efforts. If you are unavailable because, for example, you are incapacitated, I will use my professional judgement to determine what is in your best interest and whether a disclosure may be necessary to ensure and adequate response to the emergency circumstances.
- To a public health authority, for example, to report disease, injury, or vital events such as death.
- To the Food and Drug Administration (FDA) in order to report an adverse event or defect related to a medication.

III. Your Health Information Rights

Under the law, you have certain rights regarding the health information that I collect and maintain about you. In order to exercise any of your rights described, you must submit your request in writing. You have the right to:

- Request that I restrict certain uses and disclosures of your health information. I am not, however, required to agree to a requested restriction.
- Request that I communicate with you by alternative means, such as a cell phone, P.O. box, email, or work address. I will accommodate reasonable requests for such confidential communications.
- Requests to review, or to receive a copy of, the health information about you that is maintained in my files, including medical records and billing records but not psychotherapy notes. Requests must be made in writing and if I am unable to satisfy your request, I will provide you with a written explanation. If you request copies, I will charge you \$0.50 for each page, and postage if you want the copies mailed to you.
- Requests that I amend the health information about you that is maintained in my files and the files of my billing service. Your requests must explain why you believe my records about you are incorrect, or otherwise require amendment. I may deny your request if I did not create the information you want changed, or for other certain reasons. If I deny your request, I will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed and placed in your record.
- Requests a list of my disclosures of your health information. This list will not include certain disclosures, such as those made for treatment, payment, or health care operations, and will not include an accounting for any disclosures made before the date of initiation of treatment.

IV. To Request Information or File a Complaint

If you desire additional information or have any question about the notice please contact me. If you believe your privacy rights have been violated, you may file a written complaint with me and/or with the Secretary of Health and Human Services (HHS). I cannot, and will not, make you waive your right to file a complaint with HHS as a condition of receiving care with me, or penalize you for filing a complaint with HHS.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICIES

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practice and have read, understood, and agree to the items contained in this document.