Your personal information, records and treatment is Protected Health Information (PHI) and we are required by law to notify you of the following:

**There are some exceptions to privacy and confidentiality, below are areas where information may be shared for safety, quality of care and business purposes:**

Healthcare information is shared with insurance companies and vendors for billing, authorization, treatment and record keeping purposes

Office staff has access to some PHI, but only when it is relevant to their job.

Providers share limited information when they consult on patient treatment.

If you sign a Release of Information form requesting specific information to be released to a designated individual or organization, especially for the coordination of your medical care and services.

If there is a court order to release your records to legal authorities

Mandated Reporting - If there is a clear possibility of harm to you or someone you have discussed, specifically in cases of: suicidal and homicidal threats, abuse or neglect of a child or vulnerable adult, specific infectious and communicable diseases. PTR will inform and involve you if a mandated report is required.

**You have a right to your own information and can revoke authorization to release your records, specifically:**

1. You have a right to decide how we contact you
2. You have a right to review your file
3. You have a right to amend your file and submit a written request for corrections
4. You have a right to a copy of this notice
5. You have a right to request a list of where your records have been sent
6. You have a right to revoke past authorizations that you have signed.

**If you have questions** regarding this Privacy Notice or if you feel your privacy rights have been violated, please contact Barbara Lauer at 1829 NE Alberta St., #5, Portland OR 97211.

**You may also file a complaint** with:

Secretary of the Department of Health and Human Services; Hubert H. Humphrey Bldg.; 200 Independence Av. SW; Washington D.C. 20201

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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