

REBECCA S HART, PHD, LLC
1165 PEARL ST, STE 105
EUGENE, OR 97401
(541) 357-9412

None

****NOTICE OF HIPAA and PRIVACY PRACTICES****
EFFECTIVE JANUARY 01, 2026

HIPAA and PRIVACY PRACTICES

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.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND YOUR RIGHTS RELATED TO HEALTH CARE INFORMATION. PLEASE REVIEW IT CAREFULLY.

REBECCA S HART, PHD, LLC (the "Practice") understands that your mental and medical health care and information is personal. In order to provide quality care and to comply with the law, Providers in the Practice are required to create and maintain a treatment record. This record contains Protected Health Information ("PHI"). PHI includes information about you that could reveal your identity as well as private information about your health. REBECCA S HART, PHD, LLC is committed to working in accordance with the highest ethical and legal standards to provide quality care and protect your information.

This notice describes Practice policies related to how Providers may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), and regulations implemented under HIPAA including the HIPAA Privacy and Security Rule.

TREATMENT: Federal privacy rules and regulations allow health care providers who have a direct treatment relationship with the client to use or disclose the client's personal health information without the patient's written authorization, to carry out the Provider's own treatment, payment or health care operations. Providers may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

PAYMENT: REBECCA S HART, PHD, LLC may use and disclose PHI so that the practice can receive payment for the mental health treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, the Practice will only disclose the minimum amount of PHI necessary for purposes of collection.

HEALTHCARE OPERATIONS: REBECCA S HART, PHD, LLC may need to use information about you to review or support treatment procedures and business activity. For example, the Practice may share your PHI with third parties that perform various business activities (e.g., billing services, insurance companies) provided the Practice has a written contract with the business that requires it to safeguard the privacy of your PHI. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care service that you have paid for

out-of-pocket in full

.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit, the Provider may disclose health information in response to a court or administrative order. The Provider may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. Efforts will be made to tell you about the request.

APPOINTMENT REMINDERS: REBECCA S HART, PHD, LLC may contact you to remind you of a scheduled appointment.

AS REQUIRED BY LAW: Under the law, Provider must disclose your PHI to you upon your request. In addition, Provider must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining Provider's compliance with the requirements of the Privacy Rule.

WITH YOUR AUTHORIZATION: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that Provider already used or made a disclosure based upon your initial authorization. The following uses and disclosures will be made only with your written authorization:

- Most uses and disclosures of "psychotherapy notes" (which are private notes made by Provider regarding sessions; defined in 45 CFR § 164.501). These are kept separate from the rest of your medical record. These are not the same as progress notes.
- *Psychotherapy notes*
- exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
- Most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications
- Disclosures that constitute a sale of PHI
- Other uses and disclosures not described in this Notice of Privacy Practices

PSYCHOTHERAPY NOTES: REBECCA S HART, PHD, LLC will not use or disclose your psychotherapy notes without your prior written authorization except for the following situations:

- Use by Provider for your treatment
- For training staff, students and other trainees
- To defend Provider if you sue or bring some other legal proceeding
- If the law requires Provider to disclose the information to you, limited to those requirements, such as if required by the Secretary of HHS or representative thereof
- In response to health oversight activities concerning your Provider

- To avert a serious and imminent threat to health or safety
- As requested by a coroner or medical examiner per legal requirements

If you revoke an authorization to release psychotherapy notes, Provider will immediately stop using or disclosing them as requested from that point forward, unless required in the ways described in this document.

LIMITS ON CONFIDENTIALITY: The law protects the privacy of communication between a Client and a Provider. In most situations, Providers can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. However, there are some situations where a provider is permitted or required to disclose information without either your consent or authorization. If such a situation arises, disclosure will be limited to what is necessary. Some reasons a Provider may have to release your information without your authorization include:

- **Required by Law:** Provider will disclose protected health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** Provider may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Research:** Provider may use and disclose protected health information about you for some types of health research that do not require your authorization, such as if an institutional review board (IRB) has waived the written authorization requirement. In all other instances, Provider will ask you for your permission if the researcher will have access to your name, address or information that identifies who you are, or if the researcher will be involved in your care at this Practice office.
- **Organ and Tissue Donation:** Provider may share your protected health information to organizations that handle organ procurement, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate an authorized donation from you or a transplant for you.
- **Military, Veterans, National Security and Intelligence:** If you are or were a member of the armed forces or part of the national security or intelligence communities, Provider may use and disclose your protected health information as required by military command or other government authorities. Provider may also release information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation:** Provider may use and disclose your protected health information for workers' compensation claims or for similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks:** Provider may use and disclose your protected health information for public health reasons to prevent or control disease, injury or disability; to report births and deaths; to report suspected abuse or neglect, or non-accidental physical injuries; to report reactions to medications or problems with products.
- **Health Oversight Activities:** Provider may use and disclose your protected health information to a health oversight agency for audits, investigations, inspections or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs and compliance with civil right laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, Provider may disclose protected health information about you in response to a court or administrative order. Subject to all applicable legal requirements, Provider may also disclose protected health

information about you in response to a subpoena. Provider may also defend themselves in a lawsuit brought against Provider by you, which may include disclosure of relevant PHI.

- Law Enforcement: Provider may release protected health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- Coroners, Medical Examiners and Funeral Directors: Provider may release protected health information to a coroner or medical examiner working in their official capacities.
- Disclosures to family, friends, or others. Provider may share your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part (e.g., emergency changes to appointments, diagnosis). The opportunity to consent may be obtained retroactively in emergency situations.
- Information Not Personally Identifiable: Provider may use or disclose protected health information about you in a way that does not personally identify you or reveal who you are.

CLIENT RIGHTS

You have the following rights regarding PHI your Provider maintains about you. To exercise any of these rights, please submit your request in writing to REBECCA S HART, PHD, LLC.

- Get an electronic or paper copy of your health records. This does not include “psychotherapy notes” as defined earlier in this document. You may ask to see or get an electronic or paper copy of your medical record and other information Provider has about you. Provider will provide a copy or summary of your health information, usually within 30 days of your request. Provider may charge a reasonable, cost-based fee.
- Ask Provider to correct your health records. You can ask Provider to correct health information about you that you think is incorrect or incomplete. Provider may say “no” to your request, but will explain why within a reasonable time period.
- Request confidential communications. You can ask Provider to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Provider will honor all reasonable requests.
- Ask Provider to limit what is used or shared. You can ask Provider not to use or share certain health information for treatment, payment, or operations. Provider is not required to agree to your request and may say “no” if it would affect your care.
- Get a list of those with whom the Provider has shared information. You can ask for a list (accounting) of the times Provider shared your health information, who it was shared with, and why. The list will include disclosures made in the last six years unless you request a shorter time. Accounting will be provided within 60 days. One free request will be provided per year, any additional requests in the same year, will be charged a reasonable cost based fee.
- 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. REBECCA S HART, PHD, LLC will provide you with a paper copy within two business days.
- You may 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.

- File a complaint if you feel your rights are violated. You can complain if you feel Provider has violated your rights by contacting Provider at 1165 Pearl St, STE #105, Eugene, OR 97401. You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Provider will not retaliate against you for filing a complaint.

REBECCA S HART, PHD, LLC RESPONSIBILITIES

- Provider is required by law to maintain the privacy and security of your protected health information.
- Provider will let you know promptly if a breach occurs that may have compromised the privacy or security of your information and within the legal timeline set by Oregon law.
- Provider must follow the duties and privacy practices described in this notice and give you a copy of it.
- Provider will not use or share your information other than as described here unless you tell Provider in writing, that they may. If you tell Provider they can, you may change your mind at any time. You must let the Provider know in writing if you change your mind.

CHANGES TO THE TERMS OF THIS NOTICE

REBECCA S HART, PHD, LLC can change the terms of this notice, and the changes will apply to all information Practice has about you. The new notice will be available upon request in the Provider's office.

For more information, please see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

or

https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/npp_booklet_hc_provider.pdf

By signing below, you are acknowledging that you have received a copy of this HIPAA Notice and Privacy Policies and Practices.

My signature below indicates that I have read, understand and agree to the Privacy Practices and HIPAA information contained in this document.