

Notice of Privacy Practices

Updated: September 8th, 2023

The privacy of your health information is very important to me. In addition, I have a legal responsibility under federal and state laws to keep your health information private. Your health information includes information that I (Kristel Olsen, MEd, MS, LPC) receive about you or that I create here. It is my responsibility to give you this notice about my privacy practices and to follow the practices in this notice.

This notice tells you how I protect and make use of your health information at my private practice. Please review it carefully and ask for clarification about anything you do not understand. Copies of this notice are always available to you at no charge.

I have the right to change my privacy practices as long as those changes are permitted or required by law. Such changes may affect how I protect the privacy of both the previous and future health information I maintain about you. When such changes are made, I will update this notice and give you a copy.

Your health information will remain completely confidential *except* when:

- I am required to report suspected child abuse.
- I am required to report imminent danger from client to self or others.
- I am required to report disclosure by client of intent to commit a crime which would result in the harm of others.
- In the event of an emergency, I may need to disclose health information to a family member, a person responsible for client's care, or client's personal representative. If client is present in such a case, I will give the client an opportunity to object. If client objects, is not present, or is incapable of responding, I will use my professional judgment, in light of the nature of the emergency, and keeping client's best interest in mind, regarding the use or disclosure of health information. If disclosure is deemed necessary, it will be limited to information pertinent to the response to the emergency.
- I am required to disclose health information to a person authorized by federal, state, or local laws to have lawful access to client's treatment program.
- I am receiving supervision.
- Client completes and signs an Authorization to Use and Disclose Protected Health Information Form for any individual or agency they wish their therapist to exchange information with. Disclosure authorizations can be revoked in writing at any time and will pertain to client's health information from that point on.
- I am defending claims brought by a client against a clinician.

Clients have these additional rights, with respect to their protected health information:

- To have records maintained in locked storage.
- To have any disposable paper correspondence containing client identification or protected health information shredded by me.

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- To make a written request that I communicate with them about their health information by alternative means, at an alternative location. Written requests must specify the alternative means and location. (An example would be if your primary language is not spoken, and I am treating a child of whom you have lawful custody.)
- To make a written request that I place other restrictions on the ways we use or disclose their health information. If I agree to these restrictions, I will abide by them in all situations except those which, in my professional judgment, constitute an emergency.
- To make a written request that I amend health information we have created regarding them. If I approve the written request, I will amend my records accordingly. I will also notify anyone else who may have received this information, and anyone else of client's choosing. If I deny a requested amendment, client can place a written statement in my records disagreeing with my denial of their request.
- To make a written request that I provide you with a list of those occasions where I disclosed your health information for purposes other than treatment, payment, or necessary operations. This can go back as far as six years, but not before September 2013. If you request the accounting more than once in a 12 month period I may charge a fee based on our actual costs of tabulating these disclosures.
- I will not use client health information in any marketing, development, public relations, or related activities without client's written authorization.
- If you believe I have violated any of your privacy rights, or you disagree with a decision I have made about any of your rights in this notice, you may complain to me in writing to my private practice office as follows:
 - Kristel Olsen
1661 Hwy 99 N #203 G
Ashland, OR 97520
- You may also submit a written complaint to the United States Department of Health and Human Services at:
 - Office of Mental Health Services
Alcohol and Mental Health Division
500 Summer St. N.E. E86
Salem, OR 97301-1118

Received and read on: ___ / ___ / _____

Client Signature: _____

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olsen@autismcounselingoregon.com