Creative Mind Counseling, LLC
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Notice of Privacy Practices
OBLPCT License: LMFT #T1934, LPC #C9880
ATCB Registration: ATR #22-230
Telehealth only

Allison Medford, ATR, LMFT, LPC

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. My Pledge Regarding Your Health Information

I understand that health information about you and your care is personal, and I am committed to protecting it. I create a record of the care and services you receive from me to provide quality care and to meet legal requirements. This Notice applies to all records of your care created or kept by Creative Mind Counseling, LLC. It describes how I may use and disclose your health information, your rights regarding that information, and my obligations. I am required by law to:

- Maintain the privacy and security of your protected health information ("PHI");
- Give you this Notice of my legal duties and privacy practices;
- Follow the terms of the Notice currently in effect; and
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your PHI.

I may change the terms of this Notice, and changes will apply to all information I have about you. The current Notice is available on request, in my client portal, and on my website.

II. How I May Use and Disclose Your Health Information

The categories below describe ways I use and disclose health information. Not every use or disclosure in a category is listed, but all permitted uses and disclosures fall within one of these categories. Where Oregon law is more protective of your privacy than federal law, I follow Oregon law.

Treatment. I may use and disclose your PHI to provide, coordinate, or manage your care, including consulting with other licensed health care providers and making referrals. For example, I may consult with another licensed clinician about your care to assist with diagnosis and treatment. Disclosures for treatment are not limited to the "minimum necessary" standard, because providers need complete information to provide quality care.

Payment. I may use and disclose your PHI to bill and collect payment for services, for example, submitting claims to your health plan. If you pay for a service in full out of pocket and ask me not to share it with your health plan, I will honor that request (see Section VI).

Health care operations. I may use and disclose your PHI to run my practice, such as quality improvement, clinical consultation and supervision, licensing and credentialing, and legal and compliance reviews.

Business associates. I work with service providers that handle PHI on my behalf, such as my electronic health record and client portal, telehealth video platform, secure email, and billing services. Each is required by a written Business Associate Agreement to protect your information. These services may include AI-assisted documentation tools, which are used to record or transcribe sessions only with your separate written consent.

Lawsuits and disputes. If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. Uses and Disclosures That Require Your Authorization

1. Psychotherapy notes. I do keep "psychotherapy notes" as defined in 45 CFR § 164.501. Any use or disclosure of these notes requires your written authorization unless the use or disclosure is:

- For my use in treating you;
- For my use in training or supervising mental health practitioners to help them improve their skills;
- For my use in defending myself in legal proceedings you bring;
- For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA;
- Required by law, limited to the requirements of that law;
- Required by law for certain health oversight activities pertaining to the originator of the notes;
- Required by a coroner or medical examiner performing duties authorized by law; or
- Needed to help avert a serious threat to the health and safety of others.

2. Marketing. I will not use or disclose your PHI for marketing purposes.

3. Sale of PHI. I will not sell your PHI.

4. Other uses. Any other use or disclosure not described in this Notice will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent I have already acted in reliance on it.

5. Substance use disorder treatment records. If I receive records about you from a substance use disorder treatment program protected by federal law (42 CFR Part 2), I will use and disclose those records only as that law permits. Part 2 records, or testimony describing them, will not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a court order that meets Part 2's requirements and is accompanied by a subpoena or similar legal mandate.

IV. Uses and Disclosures That Do Not Require Your Authorization

Subject to limits in the law, I may use and disclose your PHI without your authorization:

1. When required by state or federal law, limited to the requirements of that law.
2. For public health activities, including reporting suspected abuse or neglect of a child, elder, or vulnerable adult, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations by licensing boards.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain your authorization first.
5. For law enforcement purposes, as required or permitted by law.
6. To coroners or medical examiners performing duties authorized by law.
7. For research approved under federal law, with privacy protections in place.
8. For specialized government functions, such as military, national security, or correctional institution purposes, as required by law.
9. For workers' compensation purposes, to comply with workers' compensation laws, although my preference is to obtain your authorization.
10. For appointment reminders and information about treatment alternatives or other health-related services I offer.

V. Uses and Disclosures Where You Have the Opportunity to Object

Disclosures to family, friends, or others. I may share your PHI with a family member, friend, or other person you identify as involved in your care or payment for your care, unless you object in whole or in part. In an emergency, your agreement may be obtained afterward.

VI. Your Rights Regarding Your PHI

1. **Right to request limits on uses and disclosures.** You may ask me not to use or disclose certain PHI for treatment, payment, or health care operations. I am not required to agree, and I may say "no" if I believe it would affect your care.
2. **Right to restrict disclosures to your health plan for services paid in full.** If you pay for a service in full out of pocket, you may ask me not to disclose information about that service to your health plan for payment or operations, and I will agree unless a law requires the disclosure.
3. **Right to choose how I contact you.** You may ask me to contact you in a specific way (for example, through the client portal, a particular email, or phone number) or at a different address. I will agree to all reasonable requests.
4. **Right to see and get copies of your PHI.** Other than psychotherapy notes, you may get an electronic or paper copy of your record and other information I have about you. I will provide a copy or, if you agree, a summary, within 30 days of your written request. I may charge a reasonable, cost-based fee.
5. **Right to an accounting of disclosures.** You may request a list of disclosures I have made of your PHI for purposes other than treatment, payment, or health care operations, or that you authorized, for the six years before your request. I will respond within 60 days. The first list in any 12-month period is free; I may charge a reasonable, cost-based fee for additional requests.
6. **Right to correct or update your PHI.** If you believe information in your record is incorrect or missing, you may ask me to correct or add to it. I may say "no," but I will tell you why in writing within 60 days.
7. **Right to a paper or electronic copy of this Notice.** You may get a paper copy of this Notice at any time, even if you agreed to receive it electronically.
8. **Right to be notified of a breach.** You will be notified if a breach of your unsecured PHI occurs.

VII. Questions and Complaints

If you have questions about this Notice, or believe your privacy rights have been violated, you may contact me at the email or phone number above. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at www.hhs.gov/ocr/complaints or 1-800-368-1019. You may also contact the Oregon Board of Licensed Professional Counselors and Therapists at www.oregon.gov/OBLPCT or (503) 378-5499. I will not retaliate against you for filing a complaint.

Effective Date

This Notice was first effective 08/01/2021 and was revised effective 11/03/2026.

Acknowledgment of Receipt

By signing below, I acknowledge that I have received a copy of Creative Mind Counseling, LLC's Notice of Privacy Practices.

_____
Client signature / date

_____
Printed name