

HIPPA Notice of Privacy Practices

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We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. This means that we will not collect nor provide any information about you to anyone without your written consent. Our office is HIPPA compliant. It is your responsibility to inform our office of any personal information changes:

- Name changes (marriage, divorce)
- Phone number
- Address
- email

If you choose to pay with medical insurance we will bill the insurance company directly. **CLIENTS SHOULD BE AWARE**, if you choose to use medical insurance to pay for services, billing your insurance requires me to provide a clinical diagnosis to your insurance provider. Depending on your insurance provider additional information is often requested such as your treatment plan, treatment summary and in some cases an entire copy of your records. Any information I provide to the insurance provider will then become part of the insurance provider's files. Insurance providers claim to keep all information gathered private but often times that information may become part of a National Databank. You should know that you have the right to pay for all medical services yourself and not use your insurance provider. In the case of self pay all your information, diagnosis and treatment summary stay in my office unless directed by you, in writing to share with another source. By self pay you will avoid the complexities created by insurance providers

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. This means that we will not collect nor provide any information about you to anyone without your written consent. If you do not want the full notice of HIPPA regulations, this acknowledges that you were offered a copy of the HIPPA regulations sheet and you are aware this office is HIPPA compliant.

Your signature below is only acknowledgement that you have received this notice of our privacy practices.

Signature: _____ Date: _____

Print Name: _____