

Notice of Privacy Practices

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NOTICE OF PRIVACY PRACTICES**Effective Date: July 22, 2024****THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

I. My Pledge Regarding Health Information

I understand that your health information is personal, and I am committed to protecting your privacy. I create a record of the care and services you receive to ensure quality treatment and to comply with legal requirements. This notice explains how I may use and disclose your health information (also called "Protected Health Information" or PHI), your rights, and my obligations regarding that information.

I am required by law to:

- Keep your PHI private;
- Provide you with this Notice of Privacy Practices;
- Follow the terms of the notice currently in effect;
- Notify you in the event of a breach of your PHI.

I reserve the right to revise this notice. Updated versions will be available upon request, in my office, and on my website.

II. How I May Use and Disclose Your Health Information

Below are the ways I am legally permitted to use and disclose your PHI:

1. For Treatment, Payment, and Health Care Operations

I may use or disclose your PHI without your written authorization for the purposes of:

- **Treatment:** For coordination with other providers, referrals, or clinical consultation.
- **Payment:** To bill and receive payment from health plans or other entities.
- **Health Care Operations:** For activities such as practice management, quality assessment, and compliance.

Disclosures for treatment purposes may include your full record and are not limited to the "minimum necessary" standard.

2. Legal Proceedings

I may disclose your PHI in the context of legal proceedings such as court or administrative orders, subpoenas, or other lawful processes, when required or permitted by law.

III. Uses and Disclosures That Require Your Authorization

Some disclosures require your written permission, including:

- **Psychotherapy Notes:** Use or disclosure of notes kept specifically for mental health treatment (as defined in 45 CFR §164.501) requires your authorization, except in certain limited situations (e.g., clinical supervision, legal defense, health oversight).
 - **Marketing:** I will not use your PHI for marketing purposes without your consent.
 - **Sale of PHI:** I will not sell your PHI under any circumstance.
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IV. Uses and Disclosures That Do Not Require Authorization

In certain cases, I may disclose your PHI without your authorization, including:

- When required by federal, state, or local law;
 - To report suspected abuse or neglect of children, elders, or dependent adults;
 - For public health and safety purposes;
 - For audits, licensing, and health oversight activities;
 - In judicial and administrative proceedings;
 - To law enforcement officials under specific conditions;
 - To coroners and medical examiners;
 - For research purposes approved by an institutional review board;
 - For military and national security functions;
 - To comply with workers' compensation laws;
 - For appointment reminders or information about treatment alternatives or health-related benefits and services.
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V. Situations Where You Have the Right to Object

I may share your PHI with family members, close friends, or caregivers involved in your care or payment for your care, **unless you object**. You may revoke or change this preference at any time. In emergencies, disclosures may occur retroactively.

VI. Your Rights Regarding Your PHI

You have the following rights under HIPAA:

1. **Right to Request Limits:** You may request restrictions on how your PHI is used or disclosed. While I will consider your request, I am not required to agree unless it pertains to information related to services you paid for out-of-pocket in full.
 2. **Right to Confidential Communication:** You can request to receive communications in a certain way (e.g., by mail, phone, or at a different address), and I will accommodate reasonable requests.
 3. **Right to Access Records:** You may request an electronic or paper copy of your records, excluding psychotherapy notes. Requests will be fulfilled within 30 days, and reasonable fees may apply.
 4. **Right to Amend:** If you believe your PHI is incorrect or incomplete, you may request an amendment. I may deny your request, but you will receive a written explanation within 60 days.
 5. **Right to an Accounting of Disclosures:** You may request a list of disclosures made within the past six years, excluding those for treatment, payment, and health care operations. One request per year is free; additional requests may incur a fee.
 6. **Right to a Paper or Electronic Copy of This Notice:** You may request a copy of this notice at any time, regardless of the form in which you originally received it.
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Acknowledgement of Receipt of Privacy Practices

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have rights regarding the use and disclosure of your PHI. By signing below, you acknowledge that you have received, read, and understood this Notice of Privacy Practices.