RMH
Ransom Mental Health

NOTICE OF PRIVACY PRACTICES

Ransom Mental Health · Kassandra Ransom, DNP, PMHNP-BC

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

Our Commitment to Your Privacy

Ransom Mental Health ("RMH," "we," "us," or "our") is required by law to maintain the privacy of your protected health information (PHI), to provide you with this notice describing our legal duties and privacy practices, and to abide by the terms of the notice currently in effect. This notice applies to all records of care created or maintained by RMH, whether generated through telehealth or in-person visits, in either our Washington or Oregon practice.

In addition to HIPAA, your records are protected by Washington's Uniform Health Care Information Act (RCW 70.02) and Oregon's health information privacy law (ORS 192.553–192.581), which may provide additional protections, particularly for mental health treatment records.

How We May Use and Disclose Your Health Information

We may use and disclose your PHI, without your written authorization, for the following purposes:

- Treatment — to provide, coordinate, or manage your psychiatric care, including sharing information with other providers involved in your care (for example, your primary care provider or a referred therapist), consistent with your Release of Information on file.
- Payment — to bill and collect payment for services from you, your insurance carrier, or other third-party payers, including verifying coverage and obtaining prior authorization.
- Health Care Operations — for activities such as quality assessment, compliance review, licensing, and business management of the practice.
- As Required by Law — when disclosure is mandated by federal, state, or local law.
- Public Health Activities — for purposes such as preventing disease, reporting adverse events, or as required by public health authorities.
- Health Oversight Activities — to a health oversight agency for activities authorized by law, such as licensing board audits or investigations.
- Judicial and Administrative Proceedings — in response to a court or administrative order, or a valid subpoena.
- Law Enforcement — for limited law enforcement purposes as required or permitted by law.
- To Avert a Serious Threat to Health or Safety — when necessary to prevent or lessen a serious and imminent threat to your health or safety or that of another person.
- Abuse, Neglect, or Domestic Violence — as required by mandatory reporting laws (WA RCW 26.44; OR ORS 419B).

- Workers' Compensation — as authorized by and to the extent necessary to comply with workers' compensation laws.

Uses and Disclosures That Require Your Written Authorization

The following uses and disclosures will be made only with your prior written authorization, which you may revoke at any time in writing:

- Psychotherapy notes, where separately maintained from the rest of your medical record
- Marketing communications
- Sale of your protected health information
- Any use or disclosure not otherwise described in this notice

Your Rights Regarding Your Health Information

- Right to Inspect and Copy — you may request to inspect and obtain a copy of your health record, with limited exceptions. We may charge a reasonable, cost-based fee.
- Right to Request Amendment — you may ask us to amend your health information if you believe it is incorrect or incomplete. We may decline the request in certain circumstances, and will explain our reasons in writing.
- Right to an Accounting of Disclosures — you may request a list of certain disclosures we have made of your PHI, other than those made for treatment, payment, health care operations, or those you have separately authorized.
- Right to Request Restrictions — you may ask us to limit how we use or disclose your PHI for treatment, payment, or operations. We are not required to agree, except where you have paid for a service in full, out of pocket, and request that we not disclose that information to your health plan.
- Right to Request Confidential Communications — you may ask that we communicate with you in a specific way or at a specific location (for example, a preferred phone number or the patient portal).
- Right to a Paper Copy — you may request a paper copy of this notice at any time, even if you agreed to receive it electronically.
- Right to Be Notified of a Breach — you will be notified if a breach of your unsecured PHI occurs.
- Right to Choose Someone to Act on Your Behalf — if you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information.
- Right to File a Complaint — if you believe your privacy rights have been violated, you may file a complaint with RMH or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

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Our Responsibilities

- Maintain the privacy and security of your protected health information.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the duties and privacy practices described in this notice and provide you with a copy of it.
- Not use or share your information other than as described here, unless you tell us we can in writing — and if you do, you may revoke that authorization in writing at any time.

Changes to This Notice

We reserve the right to change the terms of this notice, and to make the revised notice effective for all PHI we already have as well as any information we receive in the future. The current notice will be posted on our website (ransommentalhealth.com) — our designated posting location, as our offices are shared/subleased spaces — and a printed copy is available at check-in or upon request at any time.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with RMH using the contact information below, or with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights:

200 Independence Avenue, S.W., Room 509F, Washington, D.C. 20201 · 1.877.696.6775 · www.hhs.gov/hipaa/filing-a-complaint

Contact Information

Privacy Officer: Kassandra Ransom, DNP, PMHNP-BC

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