

# Notice of Privacy Practices

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## Curious Mind Counseling, LLC

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## Notice of Privacy Practices

**Effective Date:** 4/1/2025

This notice explains how your health information may be used and shared, and how you can access it. Please read it carefully — and know that you're always welcome to reach out with questions.

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### My Commitment to Your Privacy

Your trust matters deeply to me. I understand that your mental health information is personal and sensitive. I'm committed to protecting it and being transparent about how it's handled.

As required by federal and state law (including HIPAA, Oregon's Confidentiality of Health Information statute, Florida's Health Care Privacy laws, and applicable Medicaid regulations), I must:

- Keep your protected health information (PHI) private
- Provide you with this Notice of Privacy Practices
- Follow the terms of this current Notice

I may update this Notice at any time. The most recent version will always be available on my website and by request.

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### How Your Information May Be Used or Shared

I may use or disclose your health information in the following ways **without your written authorization**:

#### For Treatment, Payment, and Healthcare Operations

- **Treatment:** To coordinate care with other licensed providers (e.g., a psychiatrist or another therapist).
- **Payment:** To bill and collect for services (including Medicaid and private insurance).
- **Healthcare Operations:** For administrative tasks like scheduling, clinical supervision, or quality improvement.

> Medicaid clients: Please note that information may be shared with your Coordinated Care Organization (CCO) or the Medicaid program, as required for coverage, authorization, and compliance purposes.

#### As Required or Permitted by Law

I may share your information without your consent:

- To report suspected abuse or neglect (including child, elder, or vulnerable adult abuse) as required

by **Oregon and Florida** law.

- To prevent or respond to a serious threat to health or safety.
- For audits or investigations by state or federal health oversight agencies (including Medicaid compliance reviews).
- If ordered by a court or as part of legal proceedings (you will be notified whenever possible).
- With law enforcement under certain circumstances (e.g., to report a crime on my premises).
- To comply with workers' compensation claims or public health reporting requirements.

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### **When Your Authorization Is Required**

Some uses and disclosures of your PHI require your **written permission**:

- **Psychotherapy Notes:** These are kept separate from your general record and are only shared with your written authorization unless required by law.
- **Marketing:** I will not use or disclose your information for marketing purposes.
- **Sale of PHI:** I will never sell your personal health information.

You can revoke your authorization at any time, in writing, unless I've already acted based on it.

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### **Disclosures to Family or Others**

If you identify a person involved in your care or payment, I may share relevant information with them **unless you object**. In urgent or emergency situations, I may use professional judgment to determine what's in your best interest and inform someone who can help.

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### **Your Rights Around Your Health Information**

You have rights under HIPAA, Oregon, Florida, and Medicaid regulations:

#### **Right to Access**

You can request to see or receive a copy of your records (except psychotherapy notes), including in electronic format. I'll provide it within 30 days and may charge a reasonable fee.

#### **Right to Request Changes**

If you think something in your record is incorrect or incomplete, you can ask me to fix it. I'll review your request and respond in writing within 60 days.

#### **Right to an Accounting of Disclosures**

You can ask for a list of when your PHI was shared (excluding for treatment, payment, or operations) over the past 6 years.

#### **Right to Request Limits**

You can ask me not to use or share parts of your information for certain purposes. While I'm not required to agree in every case, I'll always consider your request carefully.

> **If you pay for a service out of pocket in full**, you can request that I don't share that information with your insurance (including Medicaid).

 **Right to Choose How I Contact You**

You can ask me to contact you in a specific way (e.g., by email, phone, or mail) and at specific addresses. I will honor all reasonable requests.

 **Right to a Copy of This Notice**

You have the right to a paper or digital copy of this Notice, even if you received it electronically.