



**brazos**  
counseling

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## HIPAA NOTICE OF PRIVACY PRACTICES

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.

### I. MY COMMITMENT TO YOUR PRIVACY

I understand the importance of privacy and am committed to maintaining the confidentiality of your medical information. I make a record of the medical care I provide and may receive such records from others.

### II. HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED

The following categories describe different ways that I use and disclose medical information. For each category of uses or disclosures, I will explain what I mean and try to give some examples.

A. For Treatment: I may use medical information about you to provide you with medical treatment or services. I may disclose medical information about you to doctors, nurses, technicians, or other personnel who are involved in taking care of you. For example, as your therapist I may share information with a psychiatrist or your primary care physician involved in your treatment.

B. For Payment: I may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. For example, I may need to give your health insurance plan information about your treatment in order to be reimbursed for services.

C. For Health Care Operations: I may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run my practice and make sure that all of my patients receive quality care. For example, I may use medical information to review my treatment and services and to evaluate the performance of my staff in caring for you.

D. Appointment Reminders: I may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at my practice.

E. Required by Law: I will disclose medical information about you when required to do so by federal, state, or local law.

F. Public Health: I may disclose your medical information to public health authorities for purposes related to: preventing or controlling disease, injury, or disability; reporting child abuse or neglect; reporting domestic violence; and reporting to the Food and Drug Administration regarding the quality, safety, or effectiveness of a regulated product or activity.

G. Health Oversight: I may disclose medical information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

H. Law Enforcement: I may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.

### III. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information I maintain about you\*:

A. Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing. You may either send me a request via (1) USPS mail at: 227 W13th Ave, Suite 106, Eugene, OR 97401 OR (2) via email at [kirsten@brazoscounseling.com](mailto:kirsten@brazoscounseling.com)

B. Right to Amend: If you feel that medical information I have about you is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment as long as the information is kept by me. To request an amendment, your request must be made in writing and submitted to me.

C. Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures I made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing.

D. Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information I use or disclose about you for treatment, payment, or health care operations. I am not required to agree to your request.

\*To make any of these requests, please contact me via USPS or email. These addresses are provided at the conclusion of this document. After initiating a request, you have the right to revoke such request at any time, by contacting me in writing.

### IV. CHANGES TO THIS NOTICE

I reserve the right to change this notice and to make the revised or changed notice effective for medical information I already have about you as well as any information I receive in the future. I will post a copy of the current notice in my office.

### V. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with me or with the Secretary of the Department of Health and Human Services.

## VI. CONTACT INFORMATION

If you have any questions about this notice, would like further information, or would like to submit a request for any of your medical information please contact:

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