



EFFECTIVE MAY 1, 2019

## NOTICE OF PRIVACY PRACTICES (HIPAA)

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this notice, please contact:

Kate Kauffman  
HIPAA Privacy Officer  
503-486-8936

### **This notice describes the practices of Brave Space and those of:**

- Any Provider currently doing business at Brave Space;
- Any member of a volunteer group we allow to help you while you are active at Brave Space;
- All employees, staff, and other Brave Space personnel at all service sites.

### **Our pledge regarding health and service information:**

We understand that health and service information about you is personal. We are committed to protecting health and service information about you. We create a record of the care and services you receive at Brave Space. We need this record to provide you with quality service and to comply with certain legal requirements. This notice applies to all of the records of your service generated by Brave Space Providers.

This notice will tell you about the ways in which we may use and disclose health and service information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health and service information.

### **We are required by law to:**

- Make sure that health and service information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health and service information about you; and
- Follow the terms of the notice that is currently in effect.

### **How we may use and disclose medical information about you:**

The following categories describe different ways that we use and disclose health and service information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

#### **For Service Delivery:**

We may use health and service information about you to provide you with effective case management. We may disclose health and service information about you to other Providers who practice at Brave Space in order to help you access other forms of care.

#### **For Payment:**

We may use and disclose health and service information about you so that services you receive at Brave Space may (if applicable) be billed to an insurance company or a third party.

#### **For Health Care Operations:**

We may use and disclose health and service information about you for Provider operations. These uses and disclosures are necessary to run the Provider's business and make sure that all of our clients receive quality services.

For example, we may use health and service information to review our policies and procedures and to evaluate the performance of Providers in caring for you. We may also aggregate information about many Brave Space clients to evaluate the effectiveness of existing services and/or the need for additional or enhanced services. We may also disclose information to Providers, staff, interns, volunteers and other Brave Space personnel for review and educational purposes.

We may also combine the health and service information we have with health and service information from other Providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health and service information so others may use it to study services and service delivery without learning whom the specific clients are.

**For Research and Administrative use:**

We may use information collected from clients for research purposes and reports generated for funding and administrative purposes. All data used for these purposes will remain confidential and anonymous; no identifying information will ever be used unless client permission is obtained. Any information reported for research or administrative purposes will be in aggregate form and will not be traceable back to individual clients.

**Appointment Reminders:**

With your consent, staff or Providers may disclose health and service information for the purpose of reminding you of an upcoming appointment for services at Brave Space.

**Service Alternatives:**

We may use and disclose health and service information to tell you about or recommend possible service options or alternatives that may be of interest to you.

**As Required By Law:**

We will disclose health and service information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety:**

We may use and disclose health and service information about you when necessary to respond to an impending threat to your health and safety or the health and safety of another person or the public. Such a disclosure would involve only those in a position to potentially diffuse or avert the threat and/or those threatened.

**Workers' Compensation:**

We may release health and service information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

**Public Health Risks:**

We may disclose health and service information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:**

We may disclose health and service information to a health oversight agency for activities authorized by law. The oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:**

If you are involved in a lawsuit or a dispute, we may disclose health and service information about you in response to a court or administrative order. We may also disclose health and service information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:**

We may release health and service information if required to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Brave Space; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**National Security and Intelligence Activities:**

We may release health and service information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**You have the following rights regarding health and service information we maintain about you:**

**Right to Inspect and Copy:**

You have the right to inspect and copy health and service information that may be used to make decisions about your care. Usually this includes service and billing records. To inspect and copy health and service information that may be used to make decisions about you, you must submit your request in writing to:

[your Provider]  
3620 SE Powell Blvd, #102  
Portland, OR 97202

If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to service information, you may request that the denial be reviewed. Another licensed health care professional chosen by Brave Space administration will review the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend:**

If you feel that health and service information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by your Provider.

To request an amendment, your request must be made in writing and submitted to your Provider. In addition, you must provide a reason that supports your request. Your Provider may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health and service information kept by or for your Provider;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

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

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we have made of health and service information about you. To request this list or accounting of disclosures, you must submit your request in writing to your Provider. Your request must state a time period that may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

#### **Right to Request Restrictions:**

You have the right to request a restriction or limitation on the health and service information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health and service information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a counseling episode you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions you must make your request in writing to your Provider.

In your request, you must tell your Provider (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

#### **Right to Request Confidential Communications:**

You have the right to request that we communicate with you about health and service matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by postal mail.

To request confidential communications, you must make your request in writing to your Provider. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

#### **Right to a Paper Copy of this Notice:**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

#### **Changes to this notice:**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health and service information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at Brave Space. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, each

time you register at or are admitted to Brave Space for services, we will offer you a copy of the current notice in effect.

**Complaints:**

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

To file a complaint with your Provider, send a letter to:

Brave Space, LLC  
3620 SE Powell Blvd, #102  
Portland, OR 97206

Or send an email to [kate@bravespacellc.com](mailto:kate@bravespacellc.com).

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Other uses of health and service information:**

Other uses and disclosures of health and service information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health and service information about you, you may revoke that permission in writing, at any time. If you revoke your permission, we will no longer use or disclose health and service information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.