

# Privacy Notice

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## NOTICE OF PRIVACY PRACTICES

*Effective Date: May 2, 2025*

This notice explains how your personal information, including Protected Health Information (PHI), may be collected, used, and disclosed to provide services while ensuring confidentiality. All therapy services are provided in compliance with the Health Insurance Portability and Accountability Act (HIPAA), Oregon law, Arizona law, and applicable professional ethical standards.

## YOUR RIGHTS

You have certain rights regarding your personal information, including Protected Health Information (PHI). These rights include:

### 1. Access Your Records

You may request and receive an electronic or paper copy of your records. We will provide this within 30 days of your request. A reasonable, cost-based fee may apply. If you request a specific format (e.g., electronic or paper), we will accommodate it if readily producible.

### 2. Request Corrections

You may request corrections to information in your record that you believe is incorrect or incomplete. We will respond within 60 days. If we deny your request, we will explain why in writing. You may submit a written statement of disagreement, which will be included in your record.

### 3. Request Confidential Communications

You may ask us to contact you in a specific way (e.g., by phone or email) or send communications to a different address. We will honor all reasonable requests.

### 4. Restrict Information Sharing

You may request that we limit the use or disclosure of your information. While we are not always required to agree, we will accommodate reasonable requests whenever possible. If you have paid in full out-of-pocket for a therapy session, you may request that we do not share information with your health insurance provider.

### 5. Receive an Accounting of Disclosures

You may request an accounting of disclosures of your PHI made in the six years prior to your request — excluding those made for treatment, payment, or health care operations.

### 6. Obtain a Copy of this Notice

You may request a paper copy of this notice at any time, even if you agreed to receive it electronically.

### 7. Choose Someone to Act for You

If someone has medical power of attorney or is your legal guardian, they may exercise your rights and make decisions about your information.

### 8. File a Complaint

If you believe your privacy rights have been violated, you may file a complaint by contacting:

- **U.S. Department of Health and Human Services – Office for Civil Rights (OCR)**

Phone: (800) 368-1019

TDD: (800) 537-7697

Email: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)

Address: 200 Independence Ave SW, Room 509F, Washington, D.C. 20201

Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

- **Oregon Board of Licensed Social Workers**

Phone: 1-503-378-5735

Email: [oregon.blsw@blsw.oregon.gov](mailto:oregon.blsw@blsw.oregon.gov)

Address: 3218 Pringle Rd SE, Suite 240, Salem, OR 97302

Website: <https://www.oregon.gov/blsw>

- **Arizona Board of Behavioral Health Examiners**

Phone: (602) 542-1882

Email: [information@azbbhe.us](mailto:information@azbbhe.us)

Address: 1740 W Adams St, Suite 3600, Phoenix, AZ 85007  
Website: <https://bbhe.az.gov>

We will not retaliate against you for filing a complaint.

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## YOUR CHOICES

In certain situations, you have the right to decide how your information is shared. Let us know your preferences regarding:

- Sharing information with family or others involved in your care
- Disclosures in disaster relief situations

If you are unable to express your preferences (e.g., due to unconsciousness), we may share information if it is in your best interest. We may also disclose information when necessary to reduce a serious and imminent threat to health or safety.

In the following cases, we will **never** share your information without your **explicit written permission**:

- Marketing purposes
- Sale of your information
- Most sharing of **psychotherapy notes**

**Note for Oregon clients:** Psychotherapy notes are afforded additional protection and **cannot be disclosed** without your specific written consent — even for treatment purposes.

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## OUR USES AND DISCLOSURES

We typically use or share your health information in the following ways:

### 1. Provide Treatment

We use your information to provide therapy services and coordinate your care.

### 2. Run Our Practice

We use your information to manage operations, improve services, and communicate with you.

### 3. Bill for Services

We may use and share your information to obtain payment from health plans or other entities.

### 4. Appointment Reminders

We may send you reminders about upcoming sessions. You may opt out at any time.

### 5. Legal and Public Health Disclosures

We may disclose your information as required or permitted by law, including for:

- Reporting suspected abuse or neglect
- Public health and safety issues
- Health oversight activities
- Workers' compensation claims
- Legal proceedings (e.g., subpoenas, court orders)
- Coroner or funeral director needs
- National security or law enforcement purposes

All such disclosures are limited to the minimum necessary information required.

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## OUR RESPONSIBILITIES

We are legally required to:

- Maintain the privacy and security of your PHI
- Inform you promptly if a breach occurs that may compromise your data
- Follow the terms of this notice and provide you with a copy

- Obtain your written permission for any uses or disclosures not described here
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## DATA SECURITY AND RETENTION

- **Secure Storage:** Records are stored in encrypted, password-protected systems.
  - **Limited Access:** Only authorized personnel may access your information.
  - **Retention Period:** Records are retained for at least 7 years (Oregon) and 6 years (Arizona), in accordance with state law.
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## CHANGES TO THIS NOTICE

We may update this notice to reflect changes in law or our privacy practices. The latest version will be available on our website, in our office, and upon request.

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## CONTACT INFORMATION

If you have questions about this notice or your privacy rights, please contact:

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