

BEND MENTAL WELLNESS, LLC

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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.

You may have additional rights under Oregon state law (including ORS 179.505) and federal law (including HIPAA). If you have questions about your rights to health care information, you may contact this practice or seek legal counsel from an attorney licensed in Oregon.

Effective Date

This Notice went into effect on January 1, 2026.

I. Our Commitment to Protecting Your Health Information

We understand that your health information is personal and we are committed to protecting it. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all records of your care generated or maintained by Bend Mental Wellness, LLC, whether created by your individual clinician or by practice staff.

We are required by law to:

- Ensure that protected health information (“PHI”) that identifies you is kept private;
- Provide you with this Notice of our legal duties and privacy practices with respect to your health information;
- Follow the terms of the Notice currently in effect; and
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed.

We reserve the right to change the terms of this Notice, and any changes will apply to all information we have about you. The revised Notice will be available upon request, in our office, and on our website.

II. How We May Use and Disclose Your Health Information

A. For Treatment, Payment, or Health Care Operations

Federal privacy rules allow health care providers who have a direct treatment relationship with you to use or disclose your personal health information, without your written authorization, to carry out treatment, payment, or health care operations.

- **Treatment:** We may use your information to provide, coordinate, or manage your health care and related services. For example, if one of our clinicians consults with another licensed health care provider about your condition, we are permitted to use and disclose your PHI to assist in your diagnosis and treatment. Because therapists and other health care providers need access to complete information to provide quality care, disclosures for treatment purposes are not limited to the “minimum necessary” standard.
- **Payment:** We may use and disclose your PHI to bill and collect payment for services, including submitting claims to your health insurance plan, verifying insurance eligibility, and communicating with insurance companies regarding coverage, prior authorizations, and claim disputes.
- **Health Care Operations:** We may use and disclose your PHI for practice operations, including quality assessment, staff training and supervision, compliance activities, business planning, auditing, and sending you appointment reminders.

B. Clinical Supervision and Training

Bend Mental Wellness engages independent clinicians who are working toward full licensure under clinical supervision, as required by the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT). Your PHI may be used during supervision sessions to ensure quality care and to meet Oregon licensure supervision requirements. Your clinician's supervisor has access to clinical information as necessary for clinical oversight, quality assurance, and compliance with Oregon law.

C. Lawsuits and Disputes

If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information 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 notify you about the request or to obtain an order protecting the information requested.

III. Uses and Disclosures Requiring Your Written Authorization

A. Psychotherapy Notes

We maintain “psychotherapy notes” as defined in 45 CFR § 164.501 and ORS 179.505. These notes are kept separately from your general clinical record. Any use or disclosure of psychotherapy notes requires your written authorization, except when the use or disclosure is:

- By your treating clinician, for your treatment;

- For training or supervising mental health practitioners to improve their skills in counseling or therapy;
- To defend ourselves in legal proceedings you initiate;
- For the Secretary of HHS to investigate our HIPAA compliance;
- Required by law and limited to the requirements of such law;
- For certain health oversight activities pertaining to the originator of the notes;
- Required by a coroner performing legally authorized duties; or
- To help avert a serious threat to health and safety.

B. Marketing

We will not use or disclose your PHI for marketing purposes without your prior written authorization. If we request a review or testimonial from you and plan to share it publicly, we will provide you with a HIPAA authorization form. You may revoke this authorization at any time by submitting a written request. Please note that once a review has been published online, we cannot guarantee that third parties who may have copied it will also remove it.

C. Sale of PHI

We will not sell your PHI under any circumstances.

D. Other Uses and Disclosures

Any uses and disclosures of your PHI not described in this Notice will be made only with your written authorization. You may revoke any written authorization you provide to us at any time by submitting a written request, except to the extent that we have already taken action in reliance on your authorization.

IV. Uses and Disclosures That Do Not Require Your Authorization

Subject to certain limitations in the law, we may use and disclose your PHI without your authorization for the following purposes. We must meet the applicable legal conditions before sharing your information:

- **Appointment reminders and health-related services:** We may contact you to remind you of appointments or to tell you about treatment alternatives or other health care services we offer.
- **As required by law:** When disclosure is required by federal or Oregon state law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- **Public health activities:** Including reporting suspected child abuse or neglect (as required of mandatory reporters under ORS 419B.010), suspected elder or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.

- **Health oversight activities:** Including audits, investigations, and licensure-related inspections by the Oregon Health Authority or the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT).
- **Judicial and administrative proceedings:** Including responding to a court or administrative order, or a subpoena or other lawful process. Our preference is to obtain your authorization before doing so, where permitted.
- **Law enforcement purposes:** Including reporting crimes occurring on our premises.
- **Serious threats to health or safety:** If we believe in good faith that disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, consistent with applicable law and standards of ethical conduct (including Oregon's duty-to-warn provisions).
- **Coroners and medical examiners:** When performing duties authorized by law.
- **Research:** When approved by an Institutional Review Board or privacy board, subject to applicable state and federal law.
- **Specialized government functions:** Including military and veteran activities, national security and intelligence activities, and protective services for government officials.
- **Workers' compensation:** As necessary to comply with Oregon workers' compensation laws, although our preference is to obtain your authorization first.

V. Disclosures Where You Have an Opportunity to Object

You have the right to tell us whether we may share your PHI with a family member, friend, or other person involved in your care or the payment for your care. If you are unable to communicate your preference (for example, in an emergency), we may use our professional judgment to determine whether disclosure is in your best interest. The opportunity to consent may be obtained retroactively in emergency situations.

VI. Oregon-Specific Protections

A. Confidentiality of Mental Health Records (ORS 179.505)

Under Oregon law, mental health records maintained by this practice are confidential and may not be disclosed except as specifically permitted by ORS 179.505 or other applicable Oregon or federal law. Oregon law provides additional protections for mental health records beyond those required by federal HIPAA regulations. Where Oregon law is more protective than HIPAA, we follow the stricter Oregon standard.

B. Minors' Right to Consent to Treatment (ORS 109.675)

Under Oregon law, a minor who is 14 years of age or older may obtain outpatient diagnosis or treatment for a mental or emotional disorder or chemical dependency without parental knowledge or consent. However, the treating clinician is expected to involve the minor's parents or legal guardian before the end of treatment, unless the parents refuse, there are clear clinical indications to the contrary, or the minor is emancipated. The clinician may disclose information to the parent or guardian under certain circumstances as described in ORS 109.680, including

when the minor's condition has deteriorated, the minor is at serious risk of suicide, or inpatient treatment becomes necessary.

C. Mandatory Reporting

Oregon law requires mental health professionals to report suspected child abuse or neglect (ORS 419B.010), suspected abuse of elderly persons or persons with disabilities (ORS 124.060), and situations where a client poses a clear and immediate danger to others. These disclosures are made without your authorization as required by law.

D. Oregon Breach Notification

In the event of a breach of your unsecured PHI, federal HIPAA law requires us to notify affected individuals within 60 days of discovery. Oregon's general data breach notification law (ORS 646A.604) requires notification within 45 days; however, HIPAA-covered entities that comply with HIPAA/HITECH breach notification requirements are exempt from Oregon's general breach notification law for PHI. As a practice policy, we commit to notifying affected individuals within 45 days of discovery, which exceeds the federal requirement. If the breach affects more than 500 individuals, we must also notify the Secretary of Health and Human Services and prominent media outlets. If the breach affects more than 250 Oregon consumers, we will also notify the Oregon Attorney General.

VII. Your Rights Regarding Your Health Information

A. Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the restriction involves a disclosure to a health plan for payment or health care operations purposes and the PHI pertains solely to a health care item or service for which you have paid out of pocket in full.

B. Right to Receive Confidential Communications

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you may ask that we contact you only at a specific phone number or send mail to a different address. We will accommodate all reasonable requests.

C. Right to Access Your Records

Oregon law provides a stricter timeline than federal law. Under Oregon law, you have the right to receive copies of your mental health records within 5 business days of a written request (compared to HIPAA's 30-day standard). We will provide you with an electronic or paper copy of your record, or a summary if you agree. We may charge a reasonable, cost-based fee for copies.

D. Right to an Accounting of Disclosures

You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, health care operations, and certain other activities. We will respond to your request within 60 days. The accounting will cover disclosures made in the last six years, unless you request a shorter period. The first accounting in any 12-month period will be provided at no charge; we may charge a reasonable fee for additional requests within the same year.

E. Right to Request Amendments

If you believe there is a mistake in your PHI or that important information is missing, you have the right to request that we correct or add to your records. We may deny your request in certain circumstances, but we will explain our reasons in writing within 60 days.

F. Right to a Paper or Electronic Copy of This Notice

You have the right to a paper copy of this Notice at any time, even if you have previously agreed to receive it electronically. You may also request an electronic copy via email.

G. Right to Choose a Personal Representative

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 on your behalf.

H. Right to Revoke an Authorization

If you provide us with a written authorization to use or disclose your PHI, you may revoke that authorization in writing at any time. Revocation will not affect any actions we took in reliance on the authorization before we received your revocation.

VIII. Our Responsibilities

We are required to maintain the privacy and security of your PHI. We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information. As described in Section VI.D, our practice policy is to provide notification within 45 days of discovery, which exceeds the 60-day federal HIPAA requirement.

We will not use or disclose your PHI other than as described in this Notice unless you give us written authorization. We will not condition treatment on your signing an authorization for uses or disclosures of PHI that are not related to your treatment.

IX. Records Retention

We retain your mental health records for a minimum of 7 years from the date of the last service provided, as required by the Oregon Board of Licensed Professional Counselors and Therapists. HIPAA-related documentation is retained for a minimum of 6 years. For minor patients, records are retained until the later of the standard retention period or 3 years after the minor reaches age 18.

X. How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with this practice or with the federal government. You will not be retaliated against for filing a complaint.

To file a complaint with this practice:

Contact Edgar Julian Caballero, MA, LPC, Privacy Officer Bend Mental Wellness, LLC 64682 Cook Ave #1, Bend, OR 97703 Phone: (541) 357-7686 Email: ok@bendmentalwellness.com

To file a complaint with the U.S. Department of Health and Human Services:

HHS Office for Civil Rights 200 Independence Avenue, S.W., Washington, D.C. 20201 Phone: (877) 696-6775 Website: www.hhs.gov/ocr/privacy/hipaa/complaints

To file a complaint with the State of Oregon:

Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT) (for complaints regarding professional conduct of licensed counselors or associates) 3218 Pringle Rd SE, Suite 120, Salem, OR 97302 Phone: (503) 378-5499 Website: www.oregon.gov/oblpcct

Oregon Division of Financial Regulation (for insurance-related complaints) Phone: (888) 877-4894 Website: dfr.oregon.gov

XI. Changes to This Notice

We reserve the right to change this Notice at any time. Any changes will apply to all PHI we maintain, including information created or received before the change. The current Notice will be available upon request, posted in our office, and published on our website.

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This Notice complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the HITECH Act, and Oregon Revised Statutes including ORS 179.505, ORS 109.675, and ORS 419B.010.