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# Riverstone Counseling Services

## Notice of Privacy Practices

Effective Date: 01/01/2026

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**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.**

Riverstone Counseling Services is committed to protecting the privacy and confidentiality of your Protected Health Information (PHI) in accordance with the **Health Insurance Portability and Accountability Act of 1996** and applicable Oregon laws, including **OAR 410-120** and **ORS 179.505**.

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## Who We Are

Riverstone Counseling Services is a telehealth-only behavioral health practice providing psychotherapy services. This notice applies to all records of your care created or maintained by this practice.

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## How We May Use and Disclose Your Information

### 1. For Treatment

We may use and disclose your PHI to provide, coordinate, or manage your care. For example:

- Communicating with other healthcare providers (with your authorization when required)
- Coordinating care with primary care or psychiatric providers

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## 2. For Payment

We may use your PHI to bill and collect payment for services, including:

- Submitting claims to insurance companies
- Verifying eligibility or coverage

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## 3. For Health Care Operations

We may use your PHI for administrative and operational purposes, such as:

- Quality assurance and clinical supervision
- Business management and compliance activities

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## 4. Uses and Disclosures Requiring Authorization

We will obtain your written authorization before:

- Sharing psychotherapy notes (with limited exceptions)
- Disclosing information for marketing purposes
- Releasing information to third parties not involved in your care

You may revoke authorization at any time in writing.

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## 5. Uses and Disclosures Without Authorization

We may disclose your PHI without your authorization when required or permitted by law, including:

- **Risk of Harm:** If there is a serious threat to your health or safety or that of others
- **Abuse or Neglect Reporting:** Reporting suspected child abuse, elder abuse, or abuse of vulnerable adults
- **Health Oversight:** Compliance with audits, inspections, or investigations
- **Judicial or Administrative Proceedings:** In response to court orders or legal processes
- **Law Enforcement:** When required by law
- **Public Health Activities:** Preventing or controlling disease

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## **6. Telehealth Considerations**

As a telehealth provider:

- Services are delivered through secure, HIPAA-compliant platforms
  - Reasonable safeguards are used to protect your privacy
  - There are inherent risks to electronic communication, which will be discussed during informed consent
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## **Your Rights Regarding Your Information**

You have the following rights under HIPAA and Oregon law:

### **1. Right to Access**

You may request access to your medical records, including electronic copies.

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### **2. Right to Request Amendment**

You may request corrections to your PHI if you believe it is inaccurate or incomplete.

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

You may request a list of certain disclosures made of your PHI.

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### **4. Right to Request Restrictions**

You may request limits on how your PHI is used or disclosed. While we are not required to agree, we will consider all requests.

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## 5. Right to Confidential Communications

You may request that we contact you in a specific way (e.g., phone, email).

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## 6. Right to a Paper Copy

You may request a paper copy of this notice at any time.

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## Oregon-Specific Privacy Protections

Oregon law provides additional protections for mental health information under **ORS 179.505**, including:

- Greater restrictions on disclosure of mental health records
- Specific consent requirements for sharing information
- Additional protections for sensitive services

When state law is more restrictive than HIPAA, we will follow state law.

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## Our Responsibilities

Riverstone Counseling Services is required to:

- Maintain the privacy and security of your PHI
  - Provide you with this Notice of Privacy Practices
  - Follow the terms of this notice
  - Notify you in the event of a breach of your unsecured PHI
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## Changes to This Notice

We reserve the right to change this notice at any time. Updated versions will be available upon request and on our website (if applicable).

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## Complaints

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

### **Riverstone Counseling Services**

Joshua Headrick, LCSW  
(541) 525-0184  
jheadricklcsw@gmail.com

You may also file a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights**. Filing a complaint will not affect your care.

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## Contact Information

Riverstone Counseling Services  
"Telehealth Only Practice"  
(541) 525-0184  
Riverstonecounselingservices@gmail.com

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## Acknowledgment of Receipt

I acknowledge that I have received a copy of this Notice of Privacy Practices.

**Client Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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