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.

Clear Focus Psychiatry
Alexis Ali, PMHNP-BC
Phone: **(971) 407-1230**
Secure Messaging: Osmind Patient Portal

Effective Date: July 25, 2026

WHO FOLLOWS THIS NOTICE

This notice applies to Clear Focus Psychiatry, a solo telehealth psychiatric practice operated by Alexis Ali, PMHNP-BC, serving patients in **Oregon and Washington**. It describes the privacy practices of Alexis Ali, PMHNP-BC and all employees, staff, contractors, and business associates who may have access to your health information.

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We collect and maintain health information about you – including your history, diagnoses, treatment, medications, and billing records. We call this your **Protected Health Information (PHI)**. Below is how we may use and disclose your PHI.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use and disclose your PHI without your written authorization for the following purposes:

- **Treatment:** To provide, coordinate, or manage your care. *Example: We may share your diagnosis and medication list with your primary care provider or therapist to coordinate your treatment.*

- **Payment:** To obtain payment for services. *Example: We may submit claims to your insurance company that include your diagnosis and the services provided.*

- **Health Care Operations:** To support our business activities and quality of care. *Example: We may review your records to evaluate the quality of care you received or to train staff.*

Uses and Disclosures Permitted Without Your Authorization

We may use or disclose your PHI **without your written authorization** in the following situations:

- **As required by law** – when federal, state, or local law requires disclosure

- **Public health activities** – to report disease, injury, vital events, or conduct public health surveillance

- **Victims of abuse, neglect, or domestic violence** – to report suspected abuse or neglect to appropriate authorities, including **mandatory reporting of child abuse and elder abuse** as required by Oregon and Washington law

- **Health oversight activities** – to government agencies for audits, investigations, inspections, or licensing

- **Judicial and administrative proceedings** – in response to a court order, or in response to a subpoena with appropriate safeguards

- **Law enforcement purposes** – for limited law enforcement activities, such as reporting certain types of wounds or identifying a suspect

- **To avert a serious threat to health or safety** – if we believe disclosure is necessary to prevent or lessen a serious and imminent threat to you or others (this includes our **duty to warn** obligations under Oregon and Washington law)

- **Coroners, medical examiners, and funeral directors** – to identify a deceased person or determine cause of death

- **Organ and tissue donation** – if you are an organ donor, to organizations involved in procurement or transplantation

- **Research** – under certain conditions approved by an institutional review board, with appropriate safeguards

- **Workers' Compensation** – as required by workers' compensation laws

- **Specialized government functions** – for military, national security, protective services, or correctional institution activities

Uses and Disclosures That Require Your Written Authorization

For any use or disclosure **not described above**, we must obtain your **written authorization** before using or disclosing your PHI. This includes:

- Most uses and disclosures of **psychotherapy notes** (see below)

- Uses and disclosures for **marketing purposes**

- Any disclosure that constitutes a **sale of your health information**

You may **revoke your authorization in writing at any time**, except to the extent we have already acted in reliance on it.

SPECIAL PROTECTIONS FOR PSYCHOTHERAPY NOTES

Psychotherapy notes receive the highest level of protection under HIPAA. These are notes recorded by Alexis Ali, PMHNP-BC that document or analyze the contents of a counseling session, and are **kept separate from your medical record**.

Psychotherapy notes do not include: medication prescribing and monitoring records, session start and stop times, diagnosis, treatment plan, symptoms, prognosis, progress notes, or results of clinical tests.

Authorization is required for almost all uses and disclosures of psychotherapy notes. We will not release your psychotherapy notes without your specific written authorization except in the following limited circumstances:

- Use by Alexis Ali, PMHNP-BC for your treatment

- As required by law (e.g., mandatory abuse reporting)

- To avert a serious and imminent threat to health or safety

- For health oversight of Alexis Ali, PMHNP-BC

- To defend against legal proceedings brought by you
- As required by the Secretary of HHS for compliance investigations

Reference: 45 CFR 164.508(a)(2)

SUBSTANCE USE DISORDER RECORDS

If you receive treatment related to a **substance use disorder (SUD)**, those records receive **additional federal protections** under **42 CFR Part 2**.

- SUD records **cannot be used in any civil, criminal, administrative, or legislative proceedings** against you without your written consent or a court order and subpoena
- These protections apply **in addition to** HIPAA
- We will not disclose SUD records except as specifically permitted by 42 CFR Part 2

YOUR RIGHTS

You have the following rights regarding your health information:

- **Right to request restrictions** – You may ask us to limit how we use or disclose your PHI for treatment, payment, or operations. We are not required to agree, **except** that we must agree to restrict disclosures to your health plan for services you paid for **entirely out-of-pocket**
- **Right to confidential communications** – You may request that we communicate with you about your health information in a specific way or at a specific location. *Example: You may ask us to contact you only at a certain phone number.* We will accommodate reasonable requests
- **Right to inspect and copy** – You may request to inspect and obtain a copy of your health information. We will respond within **30 days** per HIPAA, or within **15 working days** for Washington patients per RCW 70.02.080. Reasonable fees may apply. Psychotherapy notes are generally excluded from this right
- **Right to request amendments** – You may ask us to amend your health information if you believe it is incorrect or incomplete. We may deny the request in certain circumstances, and you may submit a statement of disagreement
- **Right to an accounting of disclosures** – You may request a list of certain disclosures we have made of your PHI in the past six years. The first request in a 12-month period is free; additional requests may incur a fee
- **Right to a paper copy of this notice** – You may request a paper copy of this notice at any time, even if you received it electronically
- **Right to breach notification** – We will notify you if there is a breach of your unsecured PHI, as required by HIPAA

OUR DUTIES

We are required by law to:

- **Maintain the privacy and security** of your protected health information
- **Provide you with this notice** of our legal duties and privacy practices
- **Abide by the terms** of this notice currently in effect
- **Notify you promptly** if a breach occurs that may have compromised the privacy or security of your information

We reserve the right to **change our privacy practices** and the terms of this notice at any time. If we make material changes, the revised notice will be posted on our website and made available through the Osmind Patient Portal. The revised notice will apply to all PHI we maintain.

COMPLAINTS

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

- **Alexis Ali, PMHNP-BC** – call **(971) 407-1230** or send a secure message through the Osmind Patient Portal
- **U.S. Department of Health and Human Services, Office for Civil Rights** – visit **www.hhs.gov/ocr/privacy/hipaa/complaints** or call **1-800-368-1019**

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

CONTACT INFORMATION

Privacy Officer: Alexis Ali, PMHNP-BC
Phone: (971) 407-1230
Secure Message: Osmind Patient Portal
