

Notice of Privacy Practices

CDL Counseling Services LLC

Portland, OR

Phone: 971-415-8043

Effective Date: January 10, 2026

NOTICE OF PRIVACY PRACTICES

This notice explains how your protected health information (PHI) may be used and disclosed and how you can access this information. Please review it carefully.

This notice applies to all records generated by CDL Counseling Services LLC. It should be read in conjunction with the Informed Consent for Psychotherapy and Practice Policies.

I. My Commitment to Protecting Your Health Information

I understand that your health information is personal. I am committed to protecting it. I create records of the care and services you receive to provide quality care and comply with legal requirements.

I am required by law to:

1. Keep private any PHI that identifies you.
2. Give you this notice of my legal duties and privacy practices.
3. Follow the terms of this notice currently in effect.

I may change the terms of this notice. Updated versions are available upon request, in my office, and on my website.

II. How I May Use and Disclose Health Information

A. Treatment, Payment, and Health Care Operations

- I may use your PHI to provide therapy, coordinate care, and manage your health care.
- I may consult with other health care providers about your care.
- Mental health records receive heightened legal and ethical protections beyond those that apply to general medical information. Certain types of information—such as psychotherapy notes, substance use treatment records, HIV-related information, and records related to mental health treatment—may be subject to stricter federal and state confidentiality laws. In most situations, psychotherapy notes are not shared without your written authorization, except as permitted by law (such as for supervision, training, or to prevent serious and imminent harm). When disclosures are required or permitted, only the information necessary for the specific purpose is shared. I will make the effort to discuss any needs for disclosure with you prior to disclosing any PHI.

B. Legal Situations

- PHI may be disclosed in response to court orders, subpoenas, or administrative proceedings, with appropriate legal protections.

III. Uses and Disclosures That Require Your Authorization

Psychotherapy Notes

- I maintain psychotherapy notes as defined in 45 CFR § 164.501.
- Any disclosure of these notes requires your written authorization except for:
 - My use in treating you.
 - Training or supervision of mental health practitioners.
 - Legal defense in proceedings initiated by you.
 - Compliance investigations by the Secretary of Health and Human Services.
 - Required law or health oversight activities.
 - Coroner duties.
 - Preventing a serious threat to health or safety, including suspected abuse of minors or older adults.

Marketing and Sale of PHI

- I will not use or disclose PHI for marketing purposes.
- I will not sell PHI.

IV. Uses and Disclosures That Do Not Require Authorization

I may use or disclose PHI without your authorization for:

- Compliance with state or federal law.
- Public health activities, including reporting abuse or preventing serious threats.
- Health oversight activities (audits, investigations).
- Judicial or administrative proceedings.
- Law enforcement purposes (crimes on premises).
- Coroners or medical examiners.
- Research (with protections in place).
- Specialized government functions (military, intelligence, corrections).
- Workers' compensation purposes.
- Appointment reminders and health-related benefits or services.

Note: Uses or disclosures related to telehealth, electronic communication, or AI-based tools are subject to the limits described in your Informed Consent and Practice Policies.

V. Uses and Disclosures With Opportunity to Object

- With your agreement, I may share limited PHI with family members, close friends, or other individuals you identify as being involved in your care or payment for your care. Such disclosures are limited to information directly relevant to that person's involvement and are made using professional judgment. You have the right to restrict or revoke permission for these disclosures at any time, except where disclosure is required or permitted by law.
- In emergencies, consent may be obtained retroactively.

VI. Your Rights Regarding PHI

1. Request Limits – You may ask me not to use or disclose certain PHI. I may decline if it affects your care.
2. Request Restrictions for Out-of-Pocket Payments – You may request that PHI for services paid fully out-of-pocket not be shared with health plans.
3. Request Alternative Communication – You may request PHI be sent via specific methods or to an alternative address.
4. Access to PHI – You may request electronic or paper copies of your PHI, excluding psychotherapy notes, at any time; however, we will need to discuss the purpose of ascertaining these records before I release them to you.
5. Accounting of Disclosures – You may request a list of PHI disclosures for purposes other than treatment, payment, or operations. I will provide a list for the last six years (or shorter if requested) within 60 days.
6. Request Amendments – You may request corrections or additions to your PHI. I may deny requests but will respond in writing within 60 days of the request.
7. Paper or Electronic Copy of Notice – You may request this notice in paper or electronic form at any time.

VII. Special Considerations for Minors

- Under Oregon law, minors age 14 or older may consent to outpatient mental health services without parental/guardian permission.
- Minors may discuss what information is shared with parents or guardians.
- Parents of minors under 14 generally must consent to treatment, and confidentiality expectations will be discussed with both minor and parent/guardian.
- Even when minors 14+ consent, a therapist may disclose information if:
 - There is significant risk to the minor's health or safety.
 - Hospital admission is necessary.
 - Legal obligations (e.g., mandatory reporting of abuse) require disclosure.
- Clinical judgment is used to balance privacy with safety and legal requirements.

VIII. Acknowledgment of Receipt

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

