

PRIVACY POLICY

Last Updated: 01/30/2017

Hope Springs Counseling is committed to protecting your privacy. To better protect your privacy we provide this notice explaining our online information practices. To make this notice easy to find, we make it available on our website.

1. INFORMATION COLLECTION AND USE

We collect information about visitors to our Site so that we can provide an experience that is responsive to our users' and customers' needs. We do not collect medical information or credit card information through our Site. Our Site may use forms in which you give us contact information (including your name, address, telephone number, and email address) so you can request information or support. We receive and store any information you enter on our Site, or give us in any other way, including through email, telephone, or other communications within our customer services department. You do not need to give us any personal information in order to use our Site.

We will not sell, share, trade or otherwise use any information you provide unless you expressly provide in writing permission for such use. We collect this information to improve our service, and to help us determine your individual needs so we may serve you better individually, as well as collectively.

We will not sell, share, trade or otherwise use any medical information under any circumstances. If you require medical information, you must request it from us directly via a Medical Release form.

We may also collect non-personally identifiable information about you, such as your use of our web sites, communication preferences, aggregated data relative to your Services, and responses to promotional offers and surveys. We may use or disclose aggregate information only where no individual is identified for a number of purposes, including: (a) Compiling aggregate statistics of usage for improving the web site; (b) Developing, maintaining and administering the web site; and (c) Following up on comments and other messages that you submit to us through the web site.

Please note, to better safeguard your information, please do not include any credit card information in your electronic communication unless it is specifically required by us as part of Services or transaction fulfillment process sites, or our customer contact process.

This Site and our Services may contain links to other websites. Unfortunately, we are not responsible for the privacy practices or the content of such sites.

2. SECURITY

This Site has security measures in place to protect against the loss, misuse or alteration of the information under our control. If our site allows you to enter sensitive information (such as a credit card number) on order forms, we encrypt the transmission of that information using secure socket layer technology (SSL).

We may also at times provide information about you to third parties to provide various services on our behalf, such as providers who process credit card payments. We will only share information about you that is necessary for the third party to provide the requested service. These companies are prohibited from retaining, sharing, buying, selling, storing or using your personally identifiable information for any secondary purposes.

We follow generally accepted standards to protect the personal information submitted to us, both during transmission and once we receive it. No method of transmission over the Internet, or method of electronic storage, is one hundred percent (100%) secure, however. Therefore, we cannot guarantee its absolute security.

3. GOOGLE ANALYTICS AND COOKIES

We may use a tool called "Google Analytics" to collect information about use of this Site, such as how often users visit the Site, what pages they visit when they do so, and what other sites they used prior to coming to this Site. Google Analytics collects only the IP address assigned to you on the date you visit this Site, rather than your name or other identifying information.

Google Analytics plants a permanent cookie on your web browser to identify you as a unique user the next time you visit this Site. This cookie cannot be used by anyone but Google, Inc. The information generated by the cookie will be transmitted to and stored by Google on servers in the United States.

We use the information received from Google Analytics only to improve services on this Site. We do not combine the information collected through the use of Google Analytics with personally identifiable information.

Google's ability to use and share information collected by Google Analytics about your visits to this Site is restricted by the Google Privacy Policy <http://www.google.com/policies/privacy>. You can prevent Google Analytics from recognizing you on return visits to this Site by disabling the Google Analytics cookie on your browser.

4. COLLECTION AND USE OF PERSONAL INFORMATION OF CHILDREN UNDER AGE 13

We are committed to protecting the online privacy of children. In accordance with the Children's Online Privacy Protection Act ("COPPA"), we will not knowingly collect any personally identifiable information from children under the age of thirteen (13) without first obtaining parental consent. Prior to providing any personally identifiable information (your name, email address, address, phone number etc.), children under the age of thirteen (13) must have a parent or legal guardian complete and return (by email or regular mail) a Parental Consent Form to bizontherapy@gmail.com or

Hope Springs Counseling
104 N 1st Ave
Silverton, Oregon 97381.

The consent form states that the child's "Parent" or "Legal Guardian", by his or her signature, consents to the collection and transfer of the child's personally identifiable information. Consent may be revoked by completing a "Revocation of Parental Consent Form" and sending it to the email or physical mailing address above. In compliance with COPPA, We are sensitive about children consulting with parents or guardians before furnishing personal information or ordering anything online.

It is also our intention to adhere to the Children's Advertising Review Unit (CARU) Guidelines on Internet advertising with its special sensitivities regarding solicitations to children under thirteen (13). We encourage parents/guardians to supervise and join their children in exploring cyberspace.

5. TRANSFER OF DATA ABROAD

If you are visiting this Site from a country other than the country in which our servers are located, your communications with us may result in the transfer of information across international boundaries. By visiting this Site and communicating electronically with us, you consent to such transfers.

6. COMPLIANCE WITH LAWS AND LAW ENFORCEMENT

We cooperate with government and law enforcement officials and private parties to enforce and comply with the law. We will disclose any information about you to government or law enforcement officials or private parties as we, in our sole discretion, believe necessary or appropriate to respond to claims and legal process (including without limitation subpoenas), to protect our property and rights or the property and rights of a third party, to protect the safety of the public or any person, or to prevent or stop activity we consider to be illegal or unethical. We will also share your

information to the extent necessary to comply with ICANN's rules, regulations and policies.

To the extent we are legally permitted to do so, we will take reasonable steps to notify you in the event that we are required to provide your personal information to third parties as part of legal process.

7. CHANGES IN OUR PRACTICES

We reserve the right to modify this Privacy Policy at any time. If we decide to change our Privacy Policy, we will post those changes to this Privacy Policy and any other places we deem appropriate, so that you are aware of what information we collect, how we use it, and under what circumstances, if any, we disclose it.

If we make material changes to this Policy, we will notify you here, by email, or by means of a notice on our home page, at least thirty (30) days prior to the implementation of the changes.

8. CORRECTING, UPDATING AND REMOVING PERSONAL INFORMATION

You may alter, update or deactivate your account information or opt out of receiving communications from us at any time. You may send an email to bizontherapy@gmail.com or you may send mail to Hope Springs Counseling at 104 N 1st Ave Silverton, Oregon 97381. We will respond to your request for access or to modify or deactivate your information within thirty (30) days.

9. MEDICAL PRIVACY NOTICE

This Section describes how medical information about you may be used and disclosed by us and how you can get access to this information. Please review it carefully.

A. Who Will Follow This Notice?

Health care practitioners who treat you at any of our locations, including employees, volunteers, and members of our, all departments and operating units of our organization, and all medical practices operated us, other members of our workforce, and our business associates.

B. Your Medical Information

This Section refers to your "medical information". This means all information that identifies you and relates to your past, present or future physical or mental health or condition including information about payment and billing for the health care services you receive.

C. Our Pledge Regarding Medical Information

We understand that your medical information is personal and we are committed to its protection. We create a record of the care and services you receive to ensure that we are providing quality care and to comply with legal requirements. This notice applies to all your medical information that we maintain, whether created by our staff or others.

We are required by law to give you this notice of our legal duties and privacy practices with respect to your medical information, to follow the terms of this Privacy Notice, and to notify you following a breach of the privacy or security of your unsecured medical information.

D. How We May Use and Disclose Medical Information About You

For each category of use and disclosure, we will try to give some examples, although not every use or disclosure in the category will be listed.

i. For treatment. We may use your medical information so that we and other health care providers may provide you with medical treatment or services. Different health professionals may also share your medical information in order to coordinate the different services you need. We may disclose your medical information to people outside our offices and/or locations who may be involved in your medical care after you leave our care.

ii. For Payment. We may disclose your medical information so that treatment and services you receive may be billed by us to a third party. For example, your health plan may need to know about treatment you received so they will pay us for the services provided. We may also disclose your medical insurance information to obtain prior approval from your health plan.

iii. For Healthcare Operations Purposes. We may use and disclose your medical information for our internal operations, such as business management, and administrative activities, legal and auditing functions, and insurance-related activities. We may use medical information to make sure that all of our patients receive quality care, such as reviewing our processes or to evaluate the performance of those caring for you. We may also disclose information to doctors, nurses, technicians, and other personnel for review and learning purposes. We may remove information that identifies you from this set of information so others may use it to study healthcare and healthcare delivery without learning a specific patient's identity. Under certain circumstances, we may disclose your medical information for the health care operations of other health care providers.

iv. Health Information Exchange. We may participate in Regional Health Information Organization ("RHIO") which arranges for the electronic exchange of health information among health care providers in the state where we are located. We may exchange your health information electronically through RHIO for the purposes described in this Notice. You have the right to request that your information not be included in this exchange.

v. Individuals Involved In Your Care or Payment of Your Care. We may release your medical information to a friend or family member who is involved in your medical care, or to someone who helped pay for your care.

vi. Notification. We may release your medical information to notify a family member, personal representative or another person responsible for your care of your location, general condition, or death. We also may release your medical information for certain disaster relief purposes.

vii. Contacts. We may contact you to provide appointment reminders, information about treatment alternatives, or other health related benefits and services that may be of interest to you.

viii. Worker's Compensation. We may release medical information about you for worker's compensation or similar programs, which provide benefits for work related injuries or illnesses.

ix. Mental Health Information. State laws create specific requirements for the release of mental health records. We will obtain your specific authorization to release mental medical information when required by these laws.

x. Drug & Alcohol Treatment Records. Specific rules apply to the release of certain drug and alcohol program records, and we will obtain your specific authorization to release those records as required by Federal regulation 42 CFR, Part 2.

xi. Miscellaneous. We may use or disclose your medical information without your prior authorization for several other reasons. Subject to certain requirements, we may give out your medical information without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements, Coroner's investigations, organ donation, and emergencies. We also may disclose medical information when required by law in response to a request from law enforcement in specific circumstances, for specialized government functions including correctional, military or national security purposes, in response to valid judicial or administrative orders or to avoid a serious health threat. Additional specific rules may apply to mental health records.

xii. Other Disclosures. Other uses and disclosures not described above will be made only with your written authorization. For example, we require your signed authorization for uses and disclosure that constitute the sale of your medical information and for most uses and disclosures of psychotherapy notes. Additionally, we will not use or disclose your medical information for marketing purposes unless we have a signed authorization from you except that an authorization will not be required if (a) a communication occurs face-to-face; (b) consists of marketing gifts of nominal value. You may revoke your authorization at any time unless we have relied on your authorization or your authorization was required as a condition of obtaining health care services.

E. Your Rights Regarding Medical Information About You

i. Right to Inspect and Copy. In most cases you have the right to inspect or receive a copy of your medical information (or have a copy provided to an individual whom you designate) when you submit a written request. If your medical record is maintained electronically in a designated record set, you have the right to request a copy of the information in an electronic form and format. We may deny your request in certain circumstances. If you are denied access to your medical information, you may appeal.

ii. Right to Amend. If you believe the information in your record is incorrect or incomplete, you have the right to request an addendum be added to your record by submitting a written request giving your reason. We may deny your request under certain circumstances. If we deny it, we may advise you in writing of the reason or explain your rights to submit a statement of explanation.

iii. Right to an Accounting of Disclosure. You have the right to a list of those instances where we have disclosed your medical information other than for treatment, payment, healthcare operations, or where a disclosure was specifically authorized., for the Hospital's directory, to persons involved in your care, and certain other limited situations. To request an accounting of disclosures, you must submit a written request to our Support Department.

iv. Right to a Paper Copy of this Notice. If this notice was sent to you electronically you have a right to a paper copy of this notice. You may request that we send other communications of protected health information by alternative means, or to an alternative location. This request must be made in writing to the person listed below in Section 13. We are required to accommodate only reasonable requests. Please specify in your correspondence exactly how you want us to communicate with you; and if you are directing us to send it to a particular place, the contact/address information.

v. Right to Request Restrictions. You may request in writing that we not use or disclose your medical information except when specifically authorized by you, when required by law, or in an emergency. Except in the case of certain requests related to disclosures to health plans, we are not required by law to agree to your request, but we will consider the request. We will inform you of our decision.

vi. Right to Request Restrictions on Disclosures to Health Plans. You may request in writing that we restrict disclosures of your medical information to a health plan for purposes of carrying out payment or healthcare operations if the disclosure is not required by law and the medical information pertains solely to a health care

item or service for which you (or a person other than the health plan who is acting on your behalf) have paid us out of pocket and in full at the time of service. We must agree to a request that meets these requirements.

F. Changes to this Notice

We reserve the right to change this Section at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. We will post a copy of our current notice within our facilities and we will post it on our website at <http://www.hopespringscounseling.us>

G. Complaints and Requests

If you have questions about this notice or want to talk about a problem without filing a formal complaint, please contact Hope Springs Counseling at the following number: 503-754-3354.

If you believe your privacy has been violated, you may file a complaint with our organization or with the Secretary of the U.S. Department of Health and Human Services. Information about how to file a complaint with the Department of Health and Human Services may be found at the following website:

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>. You will not be penalized for filing a complaint.

13. CONTACT INFORMATION

If you have any questions about this Privacy Policy, the practices of this Site or under our Services, your dealings with this Site or our Services please contact us by email or regular mail at the following address:

Hope Springs Counseling
104 N 1st Ave
Silverton, Oregon 97381
bizontherapy@gmail.com