*Notice of Privacy Practices (HIPAA)

NOTICE OF PRIVACY PRACTICES

Terri Lechnyr, Ph.D., PLLC
Terri Lechnyr, Ph.D.
Licensed Psychologist — Washington #PY60394738 | Oregon #2057
Licensed Clinical Social Worker — Arizona #17414 | Oregon #L3333

Phone: 541-799-0862
Email: terri@drterrilechnyr.com
Teletherapy

Effective Date: Sept 14 2026

YOUR INFORMATION. YOUR RIGHTS. MY RESPONSIBILITIES.

This Notice describes how medical and mental-health information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

Your health record contains personal information about you and your health care. Information that identifies you and relates to your past, present, or future physical or mental health, health-care services, or payment for health care is generally referred to as **Protected Health Information ("PHI").**

This Notice explains how I may use and disclose your PHI, your rights regarding your health information, and my legal responsibilities for protecting it.

I am required by law to:

- maintain the privacy and security of your PHI;
- provide you with this Notice describing my privacy practices and legal duties;
- follow the terms of the Notice currently in effect;
- notify you following certain breaches of unsecured PHI; and
- provide you with information about your privacy rights.

I may change this Notice and my privacy practices when permitted by law. A revised Notice may apply to PHI that I already maintain as well as information created or received in the future. The current Notice will be available upon request and, when applicable, on my practice website.

YOUR RIGHTS

You have important rights concerning your health information.

Obtain an Electronic or Paper Copy of Your Record

You generally have the right to inspect or obtain a copy of health information maintained in your designated record set, including clinical and billing records used to make decisions about your care.

If your records are maintained electronically, you may request an electronic copy when available.

Certain information may be excluded from your right of access under applicable law, including separately maintained **psychotherapy notes** and information subject to another lawful exception.

In limited circumstances, access to particular information may be denied as permitted by law. If access is denied, you will be informed of the reason and whether you have a right to have that decision reviewed.

I may charge a reasonable, cost-based fee when permitted by law.

You may also request that your health information be sent to another person when your request meets applicable legal requirements.

Ask Me to Correct Your Record

If you believe information in your record is incorrect or incomplete, you may request an amendment.

I am not required to agree to every request. If your request is denied, you may submit a written statement of disagreement as permitted by law.

Request Confidential Communications

You may ask me to contact you in a particular way—for example, using a specific telephone number, mailing address, or communication method.

I will accommodate reasonable requests as required by law.

Ask Me to Limit What I Use or Share

You may request restrictions on certain uses or disclosures of your health information for treatment, payment, or health-care operations.

I generally am not required to agree to a requested restriction.

However, when you pay for a health-care service completely out of pocket and request that information about that service not be disclosed to your health plan for payment or health-care operations, I will honor the restriction when required by law.

Receive an Accounting of Certain Disclosures

You may request a list, or "accounting," of certain disclosures of your PHI made during the applicable period before your request.

The accounting does not include every disclosure. For example, certain disclosures for treatment, payment, or health-care operations may not be included.

I may charge a reasonable fee for additional accountings if you request more than the number provided without charge under applicable law.

Obtain a Copy of This Notice

You may request a paper or electronic copy of this Notice at any time, even if you previously agreed to receive it electronically.

Choose Someone to Act for You

If you have legally authorized another individual to act on your behalf regarding your health information, such as through a valid health-care power of attorney or guardianship arrangement, I will recognize that person's authority to the extent required by law.

File a Privacy Complaint

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

Terri Lechnyr, Ph.D., PLLC
Phone: 541-799-0862
Email: terri@drterrilechnyr.com

You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights**.

You will **not** be retaliated against for filing a complaint or exercising your privacy rights.

HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

HIPAA and other applicable laws permit or require certain uses and disclosures of health information.

State mental-health confidentiality laws may provide protections that are more restrictive than HIPAA. When another applicable law provides greater privacy protection, I will follow the more protective requirement.

Treatment

I may use your PHI to provide, coordinate, or manage your psychological treatment and related health-care services.

When permitted by applicable law, information may also be shared with another health-care professional involved in your treatment or when reasonably necessary to coordinate your care. Mental-health records are subject to additional confidentiality protections, and authorization may be required when applicable state or federal law is more restrictive than HIPAA.

Payment

I may use and disclose PHI to obtain payment for services provided to you. I also currently use **Headway or Alma** to assist with insurance billing and payment-related administrative services. When you use health insurance, this may include activities such as:

- verifying eligibility or benefits;
- submitting claims;
- communicating with your health plan;
- responding to medical-necessity or utilization-review requests; and
- collecting copayments, deductibles, coinsurance, or other amounts for which you are responsible.

If collection activity becomes necessary, I or my billing company- Headway or Alma- will disclose only information permitted by law and reasonably necessary for that purpose.

Health-Care Operations

I may use or disclose PHI for activities necessary to operate my practice, including:

- quality assessment and improvement;
- professional consultation;
- licensing and regulatory compliance;
- auditing;
- legal or compliance services;
- administrative services;
- electronic health-record services;
- scheduling;
- billing; and
- other activities necessary for operation of the practice.

Vendors or contractors who perform functions involving PHI will be required to protect that information when a Business Associate Agreement or other privacy agreement is required by law.

Electronic Health Records and Technology

I use electronic systems to maintain health records, scheduling information, billing information, communications, and other information related to your care.

These systems may be provided by third parties that are required to safeguard protected health information when applicable.

Information properly entered into a medical record generally becomes part of the health record and is maintained according to applicable record-retention and amendment requirements.

SITUATIONS IN WHICH INFORMATION MAY BE DISCLOSED WITHOUT YOUR AUTHORIZATION

HIPAA and applicable Washington or other state laws allow or require disclosure of PHI without written authorization in certain circumstances.

Because mental-health information may receive protections beyond HIPAA, the actual disclosure permitted in a particular situation will depend upon the applicable law and circumstances.

Examples may include the following.

Required by Law

I may disclose health information when federal, state, or local law requires or expressly permits the disclosure.

Abuse or Neglect

I may be required to report suspected abuse or neglect of a child, vulnerable adult, dependent adult, elder, or another protected person when applicable mandatory-reporting laws require it.

Serious Threats to Health or Safety

Information may be disclosed when permitted or required by law to prevent or lessen a serious threat to the health or safety of you or another person.

Information will be disclosed only to individuals or entities reasonably able to help prevent or lessen the threat when permitted by law.

Health Oversight Activities

PHI may be disclosed to authorized health-oversight agencies for activities permitted by law, including licensing investigations, audits, inspections, and disciplinary proceedings.

Judicial and Administrative Proceedings

Health information may sometimes be subject to subpoenas, discovery requests, administrative proceedings, or court orders.

Mental-health records receive additional confidentiality protections under Washington law and, where applicable, other state or federal law.

Receipt of a subpoena or legal demand does **not necessarily mean that your complete clinical record will automatically be disclosed.** I will respond according to applicable legal requirements and available protections.

Law Enforcement

Information may be disclosed to law enforcement when required or expressly permitted by applicable law.

Because mental-health records are specially protected, the information that may be disclosed will depend upon the particular legal circumstances.

Public Health Activities

When required or permitted by law, PHI may be disclosed to authorized public-health authorities for activities such as preventing or controlling disease, injury, or disability.

Medical Emergencies

When necessary and permitted by law, I may disclose information to medical or emergency personnel to assist in addressing an emergency or serious threat to health or safety.

Specialized Government Functions

Certain limited disclosures may be permitted or required for legally authorized governmental activities, including certain military, national-security, or other specialized governmental functions.

Such disclosures will be made only when authorized by applicable law.

Deceased Individuals

Privacy protections continue after death for the period provided by law.

Information regarding a deceased individual may be disclosed to a legally authorized personal representative or, when permitted by law, to persons involved in the person's care or payment for care.

FAMILY, FRIENDS, AND OTHERS INVOLVED IN YOUR CARE

With your agreement or when otherwise permitted by law, I may share information relevant to your care with a family member, partner, friend, emergency contact, or another person involved in your treatment or payment for your care.

When circumstances make it impracticable to obtain your agreement—for example, in certain emergencies—I may use professional judgment to make a limited disclosure if permitted by law and believed to be in your best interest or necessary to address serious harm.

You may tell me that you do not want information shared with particular people.

APPOINTMENT REMINDERS AND COMMUNICATION

I may contact you about appointments and other practice-related matters using information you provide, including telephone, voicemail, email, text messaging, or secure patient-portal communication.

You may request reasonable restrictions or alternative methods of communication.

Electronic communications carry privacy risks, and additional information regarding electronic communication is provided in my Informed Consent for Psychological Treatment.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Uses or disclosures that are not otherwise permitted or required by law generally require your written authorization.

This includes, when applicable:

- most uses or disclosures of separately maintained **psychotherapy notes**;
- most uses or disclosures for marketing;
- disclosures that constitute the sale of PHI; and
- other disclosures for which authorization is required by applicable law.

You may revoke an authorization in writing at any time except to the extent that action has already been taken in reliance upon it or another legal exception applies.

PSYCHOTHERAPY NOTES

HIPAA provides additional protection for **psychotherapy notes**, which have a specific legal definition and are maintained separately from the medical record.

Psychotherapy notes are different from routine progress notes or the clinical information ordinarily maintained in your health record.

Most uses and disclosures of psychotherapy notes require your written authorization, subject to limited exceptions permitted by law.

SUBSTANCE-USE-DISORDER RECORDS — IF APPLICABLE

Certain records relating to substance-use-disorder treatment may receive additional protection under **42 C.F.R. Part 2**.

If Part 2 applies to your records, uses and disclosures of those records will be governed by the additional requirements of federal law.

Part 2 provides specific rights and limitations involving consent, redisclosure, legal proceedings, accounting of disclosures, and other uses of substance-use-disorder records.

If my practice maintains Part 2-protected records, I will provide the notices and protections required under the current version of those regulations.

REPRODUCTIVE-HEALTH INFORMATION

Health information concerning reproductive health care is protected by HIPAA and other applicable federal and state privacy laws.

Federal requirements governing reproductive-health information have changed through regulatory and court action. I will use and disclose reproductive-health information only as permitted or required under the law in effect at the time of the requested use or disclosure.

When a special attestation, authorization, court order, or other legal requirement applies to a request for reproductive-health information, I will comply with those requirements.

FUNDRAISING

I do not currently use your PHI for fundraising.

If this practice begins using PHI for fundraising in a manner permitted by law, you will be provided any required opportunity to opt out.

BREACH NOTIFICATION

I am required to protect the privacy and security of your health information.

If a breach of unsecured PHI occurs and applicable law requires notification, I will notify you and provide information required by law regarding the incident and steps you may take to protect yourself.

MINIMUM NECESSARY INFORMATION

When the HIPAA minimum-necessary rule applies, I will make reasonable efforts to use, disclose, or request only the amount of PHI reasonably necessary to accomplish the intended purpose.

Different standards may apply to certain disclosures, including disclosures for treatment or those specifically required by law.

CHANGES TO THIS NOTICE

I reserve the right to change this Notice and my privacy practices as permitted by law.

Material changes may apply to information already maintained by the practice as well as information received or created in the future.

The current version of this Notice will be available upon request and, when applicable, on my practice website.

QUESTIONS ABOUT YOUR PRIVACY RIGHTS

Questions about this Notice or your privacy rights may be directed to:

Terri Lechnyr, Ph.D., PLLC
Phone: 541-799-0862
Email: terri@drterrilechnyr.com
Telehealth

ACKNOWLEDGMENT OF RECEIPT

By electronically signing or checking the acknowledgment below, I acknowledge that I have received or been provided access to the **Terri Lechnyr, Ph.D., PLLC Notice of Privacy Practices** and have had an opportunity to review it.

I understand that I may ask questions about this Notice or my privacy rights.

My acknowledgment confirms receipt of this Notice. It does not constitute authorization for uses or disclosures of my health information beyond those permitted or required by applicable law.

I understand that I may obtain another copy of this Notice upon request.