HIPAA Notice of Privacy Practices

Your Privacy Rights

St. Rita Psychiatry is required by law to keep your health information private and to tell you how we use and share it. This notice explains your rights and our responsibilities when it comes to your personal health information.

How We Use and Share Your Information

We may use and share your health information in the following ways:

- **For your care:** To share information with doctors, nurses, and other healthcare professionals involved in your treatment.
- **For billing:** To send bills to you, your insurance company, or another responsible party.
- **For healthcare operations:** To run our office efficiently, improve services, and ensure quality care.
- **As required by law:** To report certain information when required (for example, to public health authorities or when ordered by a court).

We will never sell your information or use it for marketing without your permission.

Your Rights

You have the right to:

- Get a copy of your health records.
- Ask us to correct information you think is wrong.
- Request limits on who can see your information.
- Ask for private communication methods (for example, by mail only).
- Get a list of times your information was shared.
- Receive a copy of this notice at any time.

To use any of these rights, please contact our office.

How We Protect Your Information

St. Rita Psychiatry uses secure systems and follows HIPAA regulations to keep your information safe from unauthorized access, loss, or misuse.

Use of Text Messaging (SMS) via RingCentral

St. Rita Psychiatry uses **RingCentral** for text message (SMS) communication. These messages may include appointment reminders, scheduling updates, or billing notices. By opting into SMS from a web form or other medium, you are agreeing to receive SMS messages from St. Rita Psychiatry. Message frequency varies. Message and data rates may apply.

St. Rita Psychiatry does **not** send detailed health information by text unless you give permission.

While RingCentral uses security measures to protect your data, text messages can still carry some privacy risks (for example, if others can access your phone).

You can opt out of text messages at any time by notifying our office or replying “STOP” to a message. You may also message "HELP" for assistance.

Updates to This Notice

We may change this notice from time to time. If we do, the new version will be available in our office and on our website.

Acknowledgement

By signing below, I do hereby consent and acknowledge my agreement to the terms set forth in this HIPAA Notice of Privacy Practices form and any subsequent changes in office policy. I understand that this consent shall remain in force from this time forward.

***Please note: if the patient is below the age of legal medical decision making in the state of Oregon and custody is shared between divorced parents, signatures from both parties are required on this form.**

Patient name: *

Name of parent or guardian/authorized representative if applicable:

Signature: * ×

Date:

Name of second parent or guardian/authorized representative if applicable:

Signature: ×

Date: