

Daniel Combs, Psy.D., LLC
2839 SW 2nd Ave, 2nd Floor
Portland, OR 97201

Phone: 971-202-9216

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Web: www.drdanielcombs.com

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have questions about this Notice or would like to discuss my privacy practices, please contact:

Daniel Combs, Psy.D.

971-202-9216

dr.danielcombs@gmail.com

YOUR INFORMATION. YOUR RIGHTS. MY RESPONSIBILITIES.

I am required by law to maintain the privacy and security of your protected health information ("PHI") and to provide you with this Notice describing my legal duties and privacy practices. This Notice applies to health information maintained by Daniel Combs, Psy.D., LLC.

Federal and Oregon laws may provide additional protections for certain health information, including mental health information, confidential psychotherapist-patient communications, psychotherapy notes, and certain substance use disorder records. When applicable law provides greater privacy protection than HIPAA, I will follow the more protective requirement.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains those rights and my responsibilities regarding them.

Get an Electronic or Paper Copy of Your Health Information

You may ask to inspect or obtain an electronic or paper copy of your clinical record and other health information I maintain about you.

I will generally provide a copy of your health information within the time required by law, usually within 30 days of your request. If you agree, I may instead provide a summary of the information.

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

Access to certain information may be restricted or denied in limited circumstances permitted by law. If I deny access to information, I will explain the reason and any rights you may have to request review of that decision.

Ask Me to Correct Your Health Information

You may ask me to correct health information about you that you believe is incorrect or incomplete.

I may deny a request for amendment in circumstances permitted by law. If I deny your request, I will provide an explanation in writing within the time required by law.

Request Confidential Communications

You may ask me to communicate with you about your health information in a specific way or at a specific location. For example, you may ask me to contact you only at a particular telephone number or email address.

I will accommodate reasonable requests.

Ask Me to Limit What I Use or Disclose

You may ask me not to use or disclose certain health information about you for treatment, payment, or health care operations.

I am generally not required to agree to your request. If I do agree, I will comply with the restriction except in circumstances permitted by law, such as when information is needed for emergency treatment.

If you pay for a health care service out-of-pocket in full, you may ask me not to disclose information about that service to your health plan for purposes of payment or health care operations. I am required to agree to this request unless the disclosure is required by law.

Get a List of Certain Disclosures

You may ask for an accounting of certain disclosures of your health information made during the six years before the date of your request.

The accounting generally will not include disclosures made for treatment, payment, or health care operations; disclosures you specifically authorized; and certain other disclosures excluded by law.

I will provide one accounting within a 12-month period without charge. I may charge a reasonable, cost-based fee for additional requests during the same 12-month period after informing you of the cost.

Get a Copy of This Notice

You may ask for a paper 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 given another person legal authority to act on your behalf—for example, through a health care power of attorney—or another person is legally authorized to serve as your personal representative, that person may exercise your rights and make choices about your health information as permitted by law.

I may verify the person's authority before acting on a request.

For minor clients, who may consent to treatment, exercise privacy rights, obtain records, or act as the minor's personal representative can depend on the minor's age, who consented to treatment, applicable Oregon law, custody arrangements, and relevant court orders.

File a Complaint

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

Daniel Combs, Psy.D.

Daniel Combs, Psy.D., LLC

2839 SW 2nd Ave, 2nd Floor

Portland, OR 97201

971-202-9216

dr.danielcombs@gmail.com

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

I will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you have choices about what information I disclose. If you have a preference regarding the situations described below, please let me know.

Family Members, Friends, and Others Involved in Your Care

You may tell me whether you want relevant health information shared with family members, close friends, or others involved in your care or payment for your care.

If you are present and able to make decisions, I generally will follow your expressed preferences.

If you are unable to tell me your preference—for example, because of incapacity or an emergency—I may disclose relevant information when, using professional judgment, I determine that doing so is in your best interest and the disclosure is permitted by law.

I may also disclose appropriate information when permitted by law to prevent or lessen a serious threat to the health or safety of you or another person.

Psychotherapy Notes

Most uses or disclosures of **psychotherapy notes, as that term is specifically defined by law**, require your written authorization unless an exception permitted by law applies.

Psychotherapy notes are afforded protections beyond those applicable to ordinary clinical progress notes and other information contained in the clinical record.

Marketing and Sale of Information

I do not sell your protected health information.

I will not use or disclose your protected health information for marketing purposes when written authorization is required by law unless you provide that authorization.

Fundraising

I do not use your protected health information for fundraising.

HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

I may use or disclose your health information without obtaining a separate written authorization in certain circumstances permitted or required by law.

Treatment

I may use your health information to provide psychotherapy, assessment, consultation, treatment planning, and other clinical services.

I may disclose relevant health information to other health care professionals involved in your treatment when permitted by applicable law.

For example, I may communicate with a physician, psychiatrist, prescribing provider, or other treating professional when appropriate to coordinate your care.

Payment

I may use or disclose health information as necessary to bill for and obtain payment for services.

For example, when you use health insurance, I may provide your health plan with information such as your identifying information, diagnosis, dates of service, procedure codes, or other information necessary to process a claim or determine coverage.

Health Care Operations

I may use and disclose health information as necessary to operate my practice and provide quality care.

Health care operations may include activities such as billing and administration, quality improvement, professional consultation, legal and compliance activities, auditing, practice management, and other activities permitted by law.

I may use outside service providers to perform functions on behalf of my practice. When a service provider receives protected health information and qualifies as a business associate under HIPAA, appropriate protections, including a Business Associate Agreement when required, will be used.

Appointment Reminders and Treatment-Related Communications

I may contact you regarding appointments, scheduling, billing, treatment-related matters, treatment alternatives, or health-related services that may be relevant to your care.

Public Health and Safety

When permitted or required by law, I may use or disclose health information for certain public health and safety purposes. These may include:

- reporting suspected abuse or neglect when required or permitted by law;
- preventing or reducing a serious threat to someone's health or safety;
- reporting certain public health concerns or adverse events; or
- fulfilling other legally required reporting obligations.

Any disclosure will be limited to what is authorized, permitted, or required by applicable law.

Required by Law

I may use or disclose health information when federal or Oregon law requires me to do so.

This includes disclosures to the U.S. Department of Health and Human Services when necessary to demonstrate compliance with federal privacy law.

Health Oversight Activities

I may disclose health information to an authorized health oversight agency for activities permitted by law, such as licensing, investigations, inspections, audits, or other regulatory activities.

Workers' Compensation

I may disclose health information as authorized by and to the extent necessary to comply with workers' compensation laws or similar programs.

Law Enforcement and Other Government Purposes

I may disclose health information for certain law-enforcement, judicial, administrative, or governmental purposes when permitted or required by law.

Such disclosures may be subject to additional limitations when mental health information, privileged communications, psychotherapy notes, or specially protected records are involved.

Legal Proceedings, Subpoenas, and Court Orders

Health information may sometimes be requested in connection with a lawsuit, administrative matter, subpoena, court proceeding, or other legal process.

A subpoena does not necessarily mean that psychotherapy records or confidential communications will automatically be disclosed.

Oregon recognizes a psychotherapist-patient privilege that protects certain confidential communications made for purposes of diagnosis or treatment, subject to exceptions established by law.

When records, confidential communications, or testimony are sought through legal process, I will respond in accordance with applicable federal and Oregon law, psychotherapist-patient privilege, professional ethical obligations, and any valid court order.

Medical Examiners and Funeral Directors

When permitted or required by law, I may disclose appropriate health information to a coroner, medical examiner, or funeral director following an individual's death.

Organ and Tissue Donation

When applicable and permitted by law, health information may be disclosed to organizations involved in organ, eye, or tissue donation and transplantation.

Research

Health information may be used or disclosed for research only when permitted by law and when required privacy protections have been satisfied.

I do not ordinarily conduct research using client clinical records as part of my private psychotherapy practice.

OREGON MENTAL HEALTH PRIVACY AND PSYCHOTHERAPIST-PATIENT PRIVILEGE

Oregon law protects individually identifiable health information and recognizes a **psychotherapist-patient privilege** protecting certain confidential communications made for the purpose of diagnosing or treating a patient's mental or emotional condition.

In general, you may refuse to disclose and may prevent others from disclosing communications protected by the psychotherapist-patient privilege, subject to exceptions established by law.

Mental health information may also be subject to privacy protections beyond those provided by HIPAA.

I will use and disclose your mental health information only as authorized, permitted, or required by applicable federal and Oregon law and consistent with my professional ethical obligations.

Where applicable Oregon law provides greater privacy protection than federal law, I will follow the more protective requirement.

MINOR CLIENTS

Privacy, consent, parental involvement, and access to records can operate differently when the client is a minor.

Under Oregon law, minors age 14 and older may, in certain circumstances, obtain outpatient treatment for a mental or emotional disorder without parental knowledge or consent.

The respective rights of a minor and the minor's parent, guardian, or other personal representative may depend on factors including:

- the minor's age;
- who consented to treatment;
- the circumstances under which treatment was obtained;
- applicable Oregon and federal law;
- legal custody and decision-making authority; and
- relevant court orders.

I will apply the privacy and access requirements appropriate to the circumstances of each minor client's treatment.

SUBSTANCE USE DISORDER RECORDS

Certain substance use disorder ("SUD") patient records are subject to additional federal confidentiality protections under **42 CFR Part 2**.

To the extent that I create, receive, or maintain SUD patient records that are subject to 42 CFR Part 2, those records may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without:

1. **your written consent; or**
2. **a court order and subpoena that satisfy applicable legal requirements.**

Other special restrictions and protections may apply to Part 2 records.

Nothing in this section means that all information concerning alcohol, drug use, addiction, or substance-related treatment is automatically a Part 2 record. Part 2 applies when the records meet the requirements established by federal law.

OTHER USES AND DISCLOSURES

Uses and disclosures of your protected health information that are not described in this Notice and are not otherwise permitted or required by law generally will be made only with your written authorization.

If you provide written authorization, you may generally revoke that authorization in writing at any time.

A revocation will not affect uses or disclosures that were already made in reliance on the authorization before it was revoked.

MY RESPONSIBILITIES

I am required by law to:

- maintain the privacy and security of your protected health information;
- follow the duties and privacy practices described in the Notice currently in effect;
- provide you with a copy of this Notice;
- notify you as required by law if a breach occurs that may have compromised the privacy or security of your protected health information; and
- refrain from using or disclosing your protected health information in ways not described in this Notice unless you provide written authorization or the use or disclosure is otherwise permitted or required by law.

I will use reasonable safeguards to protect your health information and will limit uses and disclosures as required by applicable law.

CHANGES TO THIS NOTICE

I reserve the right to change this Notice and my privacy practices.

Any revised Notice may apply to health information I already maintain as well as information created or received after the revised Notice becomes effective.

The current version of this Notice will be available upon request, at my office, and through my practice website as applicable.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice or my privacy practices, or if you wish to make a complaint, please contact:

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

You will not be penalized or retaliated against for filing a complaint.

EFFECTIVE DATE

This Notice is effective as of September 14, 2026

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), you have certain rights regarding the privacy, use, and disclosure of your protected health information.

BY CLICKING ON THE CHECKBOX BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF DANIEL COMBS, PSY.D., LLC'S NOTICE OF PRIVACY PRACTICES.

My acknowledgment of receipt does not mean that I agree to any special use or disclosure of my health information.