



## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. Information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and the National Association of Social Workers Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization. We may also contact you to remind you of your appointments or to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you.

**For Payment.** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

**For Health Care Operations.** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

**Without Authorization.** We may share information about you without an authorization from you in the following circumstances:

**Required by Law.** We will share information about you if state or federal law requires us to do so. This may include sharing information with the Department of Health and Human Services in the event of an investigation to determine our compliance with federal privacy laws.

**Child Abuse or Neglect.** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

**Judicial and Administrative Proceedings.** We may disclose your PHI pursuant to an appropriate subpoena, court order, or administrative order.

**Family Involvement in Care.** We may disclose information to family members or friends directly involved in your treatment with your verbal consent.

**Health Oversight.** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

**Law Enforcement.** We may disclose PHI to law enforcement officers and for law enforcement purposes in certain situations.

**Specialized Government Functions.** We may disclose your PHI for special government functions such as military, national security, and presidential protective services.

**Public Health.** We may disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or, if directed by a public health authority, to a government agency that is collaborating with that public health authority.

**Public Safety.** We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to your health or safety you or the health and safety of someone else.

**Research.** We may use or disclose your PHI for health research.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization.

## YOUR CHOICES REGARDING YOUR HEALTH INFORMATION

**Fundraising.** We may contact you for fundraising efforts, but you can tell us not to contact you again.

**Marketing and Sales.** We will never sell your PHI or use or disclose it for marketing purposes without your written permission.

**Psychotherapy Notes.** In most cases we must obtain your written authorization prior to disclosing psychotherapy notes.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to Cailyn Schroeder at:

Cailyn Schroeder  
PO Box 922,  
Bozeman, MT 59771

**Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI.

**Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures we have made of your PHI. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket in full. In that case, we are required to honor your request for a restriction.

**Right to Request Confidential Communication.** You have the right to request that we communicate with you in a certain way (for example, home or office phone) or at a certain location.

**Right to Choose Someone to Act for You.** If you have given someone medical power of attorney or if you have a legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**Right to a Copy of this Notice.** You have the right to a copy of this notice.

## COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with Cailyn Schroeder at:

Cailyn Schroeder  
PO Box 922,  
Bozeman, MT 59771

or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling 1-877-696-6775.

We will not retaliate against you for filing a complaint.

The effective date of this Notice is August 1, 2018.