

## **HIPAA 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. This 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 I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, Montana statutes and regulations, the American Counseling Association (ACA) Code of Ethics, and the American Mental Health Counselors Association (AMHCA). It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time, consistent with my legal obligations and professional ethics. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices for your review and signature at your next appointment following any updates, as well as post a copy on the website.

In the course of providing healthcare to you, I collect, make, use, store, and disclose information about you and your healthcare. Federal and State law require that when health information about a person can be used to identify that person, the privacy of that health information must be protected. For this reason, such health information is known as PHI. I am required by law to give you this notice to tell you how I will use and disclose your PHI, what my practices are to protect it, and what your rights are. An additional legal requirement we have is to obtain acknowledgment from you that you have received this notice. For this reason, you will be asked to initial at the end of each section below and sign and date acknowledging receipt of this notice.

### **HOW I USE AND DISCLOSE YOUR PHI**

#### **1. Use and Disclosure of Your PHI Without Your Authorization.**

Below are the circumstances when I might use and disclose your PHI or the purposes for doing so, along with some examples. You should understand that not all circumstances can or will be listed and described, and not every example can or will be provided. Please initial after reading each section.

- A.** 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 if I determine you are a danger to yourself or others, and consultation with other treatment team members. I may disclose PHI to any other consultant only with your authorization. **Initial** \_\_\_\_\_
- B.** For Payment: I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. 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. If collection processes are necessary due to a lack of payment for services, I will only disclose the minimum amount of PHI necessary for collection purposes.

**Initial** \_\_\_\_\_

- C.** For Healthcare Operations. I may use and disclose PHI in order to manage my programs and activities. For example, I may use PHI to review the quality of services you receive from me, or disclose it to accreditation organizations for the purpose of obtaining and/or maintaining accreditation. I may share your PHI with third parties that perform various business activities (billing or typing services), provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. **Initial** \_\_\_\_\_
- D.** Appointments and Other Information. I may send you reminders of appointments by phone, text, or email. I may send you information about health services that may interest you as well. Be informed that electronic methods, in their typical form, are not confidential means of communication. Therefore, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to: 1.) People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages, 2.) Your employer, if you use your work email to communicate, 3.) Third parties on the Internet, such as server administrators and others who monitor Internet traffic. **Initial** \_\_\_\_\_
- E.** **Amendment Request.** You have a right to request that I amend your PHI. Your request must state a reason for the requested amendment. I will consider your request and tell you whether I have granted it. **Initial** \_\_\_\_\_
- F.** **Other Uses and Disclosures.** I am also permitted or may be required by law to use or disclose your personal health information, without your authorization, in the following circumstances:
- For any purpose required by law;
  - For public health activities (reporting of disease, injury, birth, death, or suspicion of child, elder, dependent adult, or developmentally disabled person abuse or neglect);
  - To a governmental authority; or for a government program (for determinations of benefit eligibility);
  - For health oversight activities (audits, inspections, licensure actions, or civil, administrative, or criminal proceedings or actions);
  - For judicial or administrative proceedings (pursuant to a court order, subpoena, or discovery request);
  - For law enforcement purposes (reporting wounds or injuries and identifying or locating suspects, witnesses, or missing people);
  - To coroners and funeral directors;
  - For procurement, banking, or transplantation of organ, eye, or tissue donations;
  - **For certain research purposes;**
  - To avert a serious threat to health or safety under certain circumstances;
  - To the military about its members or veterans; to government agencies for intelligence or national security purposes; to a correctional institution or a law enforcement official about an inmate or an individual in custody; and
  - For compliance with workers' compensation programs. **Initial** \_\_\_\_\_

2. **Other Uses and Disclosures Require Your Written Authorization.** Except for the circumstances mentioned above, I will ask you for your written authorization before using or disclosing information. If

you provide me with such an authorization, you may cancel it at any time in writing. If you cancel an authorization, I cannot take back any uses or disclosures which I had already made with your authorization.

**3. Your Rights Concerning Your PHI.** The following is a summary of your rights with respect to your PHI:

- You have the right to inspect and copy your PHI, as permitted by law.
- You have the right to request restrictions regarding the uses and disclosures of your PHI. (However, I do not have to agree to your request.)
- You have the right to request to receive confidential communications from me by alternative means or at an alternative location.
- You have the right to request that I amend your PHI. (Your request must state a reason for the requested amendment.)
- You have the right to receive an accounting of certain disclosures I have made, if any, of your PHI.
- You have the right to obtain a paper copy of our Notice of Privacy Practices from me.

You have the right to be notified if your PHI is subject to unauthorized access. I will promptly notify you and respond as required by law.

### **COMPLAINTS**

You may complain to the Secretary of the Department of Health and Human Services if you believe the privacy of your PHI has not been properly protected or your privacy rights have been violated by me. Complaints filed must be in writing.

I acknowledge that on the date indicated below I was provided a paper copy of the Notice of Privacy Practices of Brittany Simonson of Anchored Roots, LLC. I understand that this notice describes how health information about me may be used and disclosed, and how I can get access to this information. I understand that I should review the Notice of Privacy Practices carefully.

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Print Name

Signature

Date