



NOTICE OF PRIVACY PRACTICES

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

COMMITMENT AND LEGAL DUTY

Origins Counseling and Consultation, PLLC recognizes the importance of maintaining the confidentiality and security of your *protected health information* or 'PHI' (individually identifiable information relating to your past, present, or future health condition, provision of health care to you, or payment for that healthcare). As required by law, I maintain safeguards to protect your PHI against unauthorized access, use, or disclosure. I am required to give you this notice to inform you of my legal duties and your rights concerning your PHI, and how I may use or disclose this information. I reserve the right to change the terms of this Notice, and to make the revised Notice effective for PHI I already have about you and any I receive in the future. The notice will contain the effective date. A new copy will be given to you and I will have copies of the current notice available on request.

CONFIDENTIALITY

There are uses or disclosures of your PHI that are permitted or required without your consent or authorization. Health care providers are legally allowed to use or disclose PHI for treatment (for example coordinate care with another medical provider), payment (verify eligibility and submit claims), and health care operations purposes (for example audits and quality assurance activities). Except as outlined below, I will not use or disclose your PHI for any other purpose or to any one else unless you have given your authorization to do so. You may give me authorization to disclose your PHI to anyone whom you designate. Your authorization must be in writing, using my Release of Information form designating what information may be released and to whom it may be released. You may revoke an authorization at any time but a revocation will not affect any use or disclosure permitted by the authorization while it was in effect.

LIMITS OF CONFIDENTIALITY

I may use or disclose PHI without your consent or authorization in the following circumstances, either by policy, or because legally required:

- Treatment and Payment: I may use and disclose PHI for treatment and payment purposes as described above. This does not apply to disclosures of Substance Use Disorder specific treatment information, which requires your authorization.
- Medical Emergency: I may use and disclose PHI to medical personnel if you are involved in a medical emergency and I believe you would have wanted me to do so, or if I believe it will be helpful to you.

- **When Required by Law:** I may use and disclose PHI when Montana and/or Federal law requires me to report certain information (for example workers compensation claim) or in response to a court order provided that certain regulatory requirements are met. I may also disclose PHI as required or permitted by Montana and/or Federal law to report suspected abuse or neglect, and as required by authorities that monitor compliance with privacy laws.
- **Serious Threat to Health or Safety:** I may use and disclose PHI in order to avoid a serious threat to yours or others' health or safety. I may use and disclose PHI to law enforcement or others in certain situations in which bodily injury or death to yourself or others may occur, and I believe you or others are in immediate or imminent danger.
- **Records of Minors:** I may use and disclose PHI to parents/legal guardians or other entities when Montana and/or Federal law requires me. For example, parents, regardless of custody, may not be denied access to their child's records; and CFSD evaluators in civil commitment cases have legal access to PHI without notification or consent of parents or minor.

Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written authorization.

YOUR RIGHTS REGARDING YOUR PHI

These are important rights you have in regards to your PHI:

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on certain uses and disclosures of your PHI. I am not required to agree to restrictions you request except under certain circumstances. But if I do agree, then I am bound by that agreement and may not use or disclose any information you have restricted, except as necessary as indicated above in limits to confidentiality. Your request must be submitted in writing and contain the following: 1) what information you want to limit; 2) whether you want to limit my use, disclosure, or both; and 3) to whom you want the limits to apply.
- **Right to Choose How I Contact You:** You have the right to request that I communicate with you in a certain way or at a certain location (for example you may not want a family member to know that you are seeing me and you request your bill be sent to a different address). Your request must be submitted in writing.
- **Right to an Accounting of Disclosures:** You have the right to request a list of disclosures of your PHI made by me. I am not required to provide an accounting of disclosures made to you, disclosures made pursuant to your authorization, or certain other disclosures otherwise permitted or required by law (for example, disclosure made for the purposes of treatment, payment, or healthcare operations). Your request must be submitted in writing and must specify a time period which may not exceed 6 years.
- **Right to Inspect and Copy:** In most cases, you have the right to inspect and obtain a copy of your PHI that I maintain. Usually, this includes PHI that is used to make decisions about your care, as well as billing records, but does not include psychotherapy notes or information compiled for use in civil, criminal, or administrative proceedings, or in other limited circumstances. Your request must be submitted in writing. If you request a copy of the information I maintain, I may charge a fee for costs of copying and mailing. I may deny your request to inspect and copy in certain limited circumstances.
- **Right to Amend:** If you feel the PHI I have about you is incorrect or incomplete, you may ask me to amend the information for as long as the information is kept by me. Your request must be submitted in writing and include a reason that supports your request. I may deny your request if you ask me to amend information that: 1) was not created by me; 2) is not part of the information kept by me; 3) is not part of the information which you would be permitted to inspect and copy; and 4) is accurate and complete.
- **Right to a copy of this notice:** You have the right to a paper copy of this notice at any time.

Complaints: If you believe your privacy rights have been violated, you may file a complaint. To do this, you must submit your request in writing to my office. You may also send a written complaint to the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint. EFFECTIVE DATE: 1/1/18