



CEDAR CREEK

COUNSELING + WELLNESS

HIPAA Notice of Privacy Practices

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

I. It is my Legal Duty to Safeguard Your Protected Health Information (PHI):

By law I am required to ensure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice. PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party, outside this practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. However, I am always legally required to follow the privacy practices described in this notice. Please note that I reserve the right to change the terms of this notice and my privacy policies at any time, as permitted by law. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this notice and post a new copy of this notice in my office and on my website. You may also request a copy of this notice from me, or you can view a copy of it in my office or on my website.

II. How I Will Use and Disclose Your PHI.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. I may use and disclose your PHI without your consent for the following reasons:

- a. For Treatment:** I can use your PHI within this practice to provide you with mental health treatment, including discussing or sharing your PHI with other professionals within this practice for consultation purposes. I may disclose your PHI to other professionals who provide you with health care services or are otherwise involved in your care. (Example: If a psychiatrist is treating you, I may disclose your PHI to them in order to coordinate your care).
- b. For health care operations:** I may disclose your PHI to facilitate the efficient and correct operation of this practice. (Examples: Quality control - I might use your PHI in the evaluation of the quality of health care services you have received or for appointment reminders and health related benefits or services. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws and ethics).
- c. To obtain payment for treatment:** I may use and disclose your PHI to bill and collect payment for the treatment and services I have provided to you. (Example: I might send your PHI to your insurance company or health plan in order to obtain payment for the health care services that I have provided to you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for my office).
- d. Other disclosures:** Examples: Your consent is not required if you need emergency treatment provided that we attempt to get your consent after treatment is rendered. In the event that I try to get your consent, but you are unable to communicate with us (for example, if you are unconscious

or in severe pain), but I think you would consent to such treatment if you could, I may disclose your PHI.

B. **Certain Other Uses and Disclosures Do Not Require Your Consent.** I may use and/or disclose your PHI without your consent or authorization for the following reasons:

- a. **When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings, or law enforcement.** Example, I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
- b. **If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.**
- c. **If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.**
- d. **If disclosure is compelled by the patient or the patient's representative pursuant to Montana Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.**
- e. **To avoid harm.** I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public (i.e. adverse reaction to medication).
- f. **Serious threat to health or safety of self or others.** If you communicate to me a serious threat of physical violence against an identifiable victim, I must take reasonable efforts to communicate that information to the potential victim and the police. If I have reasonable cause to believe that you are in such a condition as to be dangerous to yourself or others, I may release relevant information as necessary to prevent the threatened danger.
- g. **Child abuse.** Whenever I, in my professional capacity, have knowledge of or observe a child I know or suspect has been a victim of child abuse or neglect, I must immediately report such information to a police or sheriff's department, county probation department, or county welfare department.
- h. **Elder or dependent adult abuse:** If I, in my professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, isolation, financial abuse, or neglect of an elder or dependent adult, or if I'm told by an elder or dependent adult that he or she has experienced these or I reasonably suspect such, I must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency.
- i. **For public health activities:** Example: in the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.
- j. **For health oversight activities, including audits and investigations:** Example: I may be required to provide information to assist the government in the course of an investigation or inspection of a health-care organization or provider.
- k. **For essential government functions.** Example: If you are a member of U.S. or foreign military forces (including Veterans) and/or if required by appropriate authorities for national security.
- l. **For medical research purposes.**
- m. **For Worker's Compensation purposes.**
- n. **To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.**
- o. **If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g. a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.**
- p. **If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.** Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess our compliance with HIPAA regulations.
- q. **If disclosure is otherwise specifically required by law.**

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

- a. Disclosures to family, friends, or others.** I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.
- b. Other uses and disclosures require your prior written authorization.** In any other situation not described in Sections IIA, IIB, and IIC above, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that I have not taken any action subsequent to the original authorization) of your PHI by me.

III. Patients Rights and Counselor Duties.

A. Patient's Rights:

- a. The right to see and get copies of your PHI.** You have the right to see your PHI that is in my possession, or to get copies of it. However, you must request it in writing. You will receive a response from me within 30 days of having received your written request. I may deny your access to PHI under certain circumstances, but in some cases you can have this decision reviewed. If you ask for copies of your PHI, I will charge you no more than \$0.25 per page. I may see fit to provide you with a summary of explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.
- b. The right to request limits on uses and disclosures of your PHI.** You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
- c. The right to choose how I send your PHI to you.** It is your right to ask that your PHI be sent to you at an alternate address (For example: sending information to your work address rather than your home address) or by an alternate method (for example: via email instead of regular mail). I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.
- d. The right to get a list of disclosures I have made.** You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family. Neither will the list include disclosures made for national security purposes or to corrections or law enforcement personnel. Disclosure records will be held for six years. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure.
- e. The right to amend PHI.** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of receipt of your request. I may deny your request, in writing, if I find that: The PHI is (a) correct and/or complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your

request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

- f. **The right to get a copy of this privacy notice.** You have the right to get this notice by email or to request a paper copy.

B. Clinician Duties:

- a. I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- b. I will notify promptly if a breach occurs that may have compromised the privacy or security of your information.
- c. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- d. If I revise my policies and procedures, I will provide notice of such revisions in writing, either during a session or by mail.

IV. How to Complain About My Privacy Practices

If, in your opinion, I may have violated your privacy rights or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with the person listed in Section V below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

V. Person to Contact for Information About This Notice or to Complain About My Privacy Practices

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: Nicolais Cuyle, Cedar Creek Counseling & Wellness, PLLC at 2725 Jackrabbit Lane, Suite #6, Belgrade, MT 59718, Tel # 406-595-6478.

VI. Effective Date of This Notice This notice went into effect on November 7, 2018.

(Printed Name)

(Date)

(Signature)

(Date)