Notice of Privacy – HIPAA
Please sign bottom after reading

This notice describes how health information about you as a client may be used and disclosed and how you can get access to your health information. This is required by the privacy Regulations created as a result of the Health Information Portability and Accountability Act of 1996 (HIPAA)

Our commitment to your privacy: As independent providers we are dedicated to maintaining the privacy of your health information.
We are required by law to maintain the confidentiality of your health information. We realize these laws can be complicated, but we provide you with the following important information:

1. Use and disclosure of your health information in special circumstances: The following circumstances may require us to use or disclose your health information
    o To public health authorities and health oversight agencies that are authorized by law to collect Information
    o Lawsuits and similar proceedings in response to a court or administrative order
    o If required to do so by a law enforcement official
    o When necessary to reduce or prevent a serious threat to your health and safety or health and safety of another individual or public. We will only make disclosures to a person or organization able to help prevent the threat.
    o If you are a member of the US Military or foreign military forces including veterans, and if required by the appropriate authorities.
    o To federal officials for intelligence and National security activities as authorized by law.
    o To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
    o For workers compensation and similar programs

2. Your rights regarding your health information:
    o Communications. You can request that we as independent practitioners communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than at work. We will accommodate reasonable requests.
    o You can request a restriction in our use or disclosure of your health information for treatment, payment, or healthcare operations. you have the right to request that we restrict our disclosure of your healthcare information to only individuals involved in your care or the payment for your care such as family members and friends. We are not required to agree to your request; however, if we do, we are bound by our agreement except when otherwise required by law In emergencies or when the Information is necessary to treat you.
    o You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you including patient medical records or billing records but not including psychotherapy notes. You must submit your request in writing to your therapist.
    o You may ask us to amend your health information if you believe it is incorrect or incomplete and as long as the information is kept by or for our practice. To request an amendment, your request must be in writing and submitted to your therapist. You must include your reason for the request supporting the amendment.
    o Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.
    o Right to file a complaint. If you believe your rights have been violated, you may file a complaint with your therapist at 406-259-6161 or with the Secretary of the Department of Health and Human Services.
    o Right to provide authorization for other uses and disclosure. each therapist must obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or health information privacy policies, please contact your therapist.

I hereby acknowledge by my signature that I have been presented with a copy of Notice of Privacy Practices by my therapist.

Signature of client : _____
Date:_____