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**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 it carefully.**

**If you have any questions about this Privacy Notice, please ask.**

**I. Introduction** - This Notice of Privacy Practices describes how I may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information I maintain about you and a brief description of how you may exercise these rights. This Notice further states the obligations I have to protect your health information.

*Protected health information* means health information (including identifying information about you) I have collected from you or received from any other source. It may include information about your past, present or future physical or mental health condition, the provision of your health care, and payment for your health care services.

I am required by law to maintain the privacy of your health information and to provide you with this notice of my legal duties and privacy practices with respect to your health information. I am also required to comply with the terms of my current Notice of Privacy Practices.

**II. How I Will Use and Disclose Your Health Information**

My use & disclosure of your health information is described below. For each category, will explain what is meant in general, but will not describe all specific uses or disclosures of health information.

**Uses and Disclosures for Treatment, Payment and Health Care Operations**

I will use and disclose your health information:

* To provide your health care and related services and to coordinate your health care and related services. For example, I may need to disclose information to a case manager who is responsible for coordinating your care.
* To another health care provider (e.g., your primary care physician or a laboratory) for purposes of your treatment.

**For Payment** - I may use and disclose your health information in order to bill and collect payment from your health plan, other third party payer, or a billing service. For example, I may disclose your health information to permit your health plan to approve or pay for your services. These actions may include:

* making a determination of eligibility or coverage for health insurance;
* reviewing your services to determine if they were medically necessary;
* reviewing your services to determine if they were appropriately authorized or certified in advance of your care;
* reviewing your services for purposes of utilization management, to ensure the appropriateness of your care, or to justify the charges for your care.
* in order to determine if the plan will approve additional visits to a therapist.
* disclosing your health information to another health care provider so that provider can bill you for services they provided to you, such as home health care services.

**Uses & Disclosures That May be Made Without Your Authorization, But For Which You Will Have an Opportunity to Object.**

I may contact you to provide appointment reminders.

**Persons Involved in Your Care**

I may use and disclose your health information:

* To an entity assisting in disaster relief efforts and to coordinate uses and disclosures for this purpose to family or other individuals involved in your health care.
* In limited circumstances, to a friend or family member who is involved in your care. If you are physically present and have the capacity to make health care decisions, your health information may only be disclosed with your agreement to persons you designate to be involved in your care. If you are in an emergency situation, I may disclose your health information to a spouse, a family member, or a friend so that such person may assist in your care. In this case I will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care.

And, if you are not in an emergency situation but are unable to make health care decisions, I will disclose your health information to:

* A person designated to participate in your care in accordance with an advance directive validly executed under state law,
* your guardian or other fiduciary if one has been appointed by a court, or
* if applicable, the state agency responsible for consenting to your care.

**I May Use and Disclose Your Health Information Without Your Authorization or Opportunity to Object for**:

**Emergency Treatment Situations** - for example, I may provide necessary health information to a paramedic who is transporting you in an ambulance

**Communication Barriers** - for example, if I am attempting to obtain consent from you, but am unable to do so due to substantial communication barriers. However, I will only use or disclose your health information if I determine, absent the communication barriers, you likely would have consented to use or disclose information under the circumstances.

**Legal Requirements** - I will disclose health information about you when required to do so by federal, state or local law.

**Averting a Serious Threat to Health or Safety** - when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, I will only disclose health information as permitted and required by Montana law.

**Public Health Activities** - including disclosures to:

* report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
* report child abuse or neglect
* notify a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease or condition;
* notify the appropriate government agency if I believe you have been a victim of abuse, neglect or domestic violence.
* I will only notify an agency to report such abuse, neglect or domestic violence if I obtain your agreement or if I am required or authorized by law

**Health Oversight Activities** - To a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, and other government programs regulating health care, and civil rights laws.

**Disclosures in Legal Proceedings** - To a court or administrative agency when a judge or administrative agency gives me a valid order to do so. I also may disclose health information about you in legal proceedings without your permission when I receive a valid investigative subpoena for your health care information. I will not provide this information in response to a subpoena without your authorization if the request is for records of a federally assisted substance abuse program.

**Law Enforcement Activities** - To a law enforcement official for law enforcement purposes when:

* the disclosure is required by law, such as a valid investigative subpoena, a search warrant, a summons issued by a court, or a grand jury subpoena, or information about the general physical condition of a client if inured by a gunshot or stab wound, in a motor vehicle accident, or injury in a possible criminal act.

**Medical Examiners or Funeral Directors** - Medical examiners & County Coroners are appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances. I may also disclose health information about clients to funeral directors as necessary to carry out their duties.

**Military and Veterans** - If you a member of the armed forces, I may disclose your health information as required by military command authorities. I may also disclose your health information for the purpose of determining your eligibility for benefits provided by the Department of Veterans Affairs. If you are a member of a foreign military service, I may disclose your health information to that foreign military authority.

**National Security and Protective Services for the President and Others** -To authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. I may also disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or so they may conduct special investigations.

**Inmates** - to a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of law enforcement official and the information is needed for the health or safety of the inmate, other inmates, or the staff.

**Worker’s Compensation -** to comply with state Worker’s Compensation Laws.

**Business Associates -** There are some services provided through contacts with business associates, such as transcription services, auditing services, information (computer) services, and collection agencies. When these services are contracted, I may disclose your health information to the business associate so that they can perform the job I have asked them to do and bill you or your insurance company for the services provided. To protect your health information, I require the business associate to certify that they are taking appropriate measures to safeguard your information.

**III. Uses & Disclosures of Your Health Information With Your Permission.**

Uses and disclosures not described in Section II of this Notice of Privacy Practices will generally only be made with your written permission, called an authorization. You have the right to revoke an authorization at any time. If you revoke your authorization I will not make any further uses or disclosures of your health information under that authorization, unless I have already taken an action relying upon the uses or disclosures you have previously authorized.

**IV. Your Rights Regarding Your Health Information**.

**Right to Inspect and Copy -** You have the right to request an opportunity to inspect or copy health information used to make decisions about your care, whether they are decisions about your treatment or payment of your care. You must submit your request in writing. If you request a copy of the information, I may charge a fee for the cost of copying, mailing, and supplies associated with your request. I may deny your request to inspect or copy your health information in certain limited circumstances.

**Right to Amend -** For as long as I keep records about you, you have the right to request me to amend any health information used to make decisions about your care, whether they are decisions about your treatment or payment. To request an amendment, you must submit a written document and tell me why you believe the information is incorrect or inaccurate.

I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. I may also deny your request if you ask me to amend health information that:

* was not created by me, unless the person or entity that created the health information is no longer available to make the amendment;
* is not part of the health information I maintain to make decisions about your care;
* is not part of the health information that you would be permitted to inspect or copy; or
* is accurate and complete.

If I deny your request to amend, I will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and my denial be attached to all future disclosures of the health information that is the subject of your request.

If you choose to submit a written statement of disagreement, I have the right to prepare a written rebuttal to your statement of disagreement. In this case, I will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that is the subject of your request.

**Right to an Accounting of Disclosures -** You have the right to request that I provide you with an accounting of disclosures I have made of your health information. An accounting is a list of disclosures. But this list will not include certain disclosures of your health information such as those I have made for purposes of treatment, payment, and health care operations.

To request an accounting of disclosures, you must submit your request in writing to me.For your convenience, you may submit your Request for Accounting to me. The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six (6) years and not include dates before January 14, 2015.

The first accounting you request within a 12-month period will be free. For additional requests during the same 12-month period, I will charge you for the costs of providing the accounting. I will notify you of the amount I will charge and you may choose to withdraw or modify your request before we incur any costs.

**Right to Request Restrictions -** You have the right to request a restriction on the health information I use or disclose about you for treatment, payment or health care operations. To request a restriction, you must submit this in writing addressed to me. I am not required to agree to a restriction that you may request. If I do agree, I will honor your request unless the restricted health information is needed to provide you with emergency treatment.

**Right to Request Confidential Communications -** You have the right to request that I communicate with you about your health care only in a certain location or through a certain method. For example, you may request that I contact you only at work or by e-mail. To request such a confidential communication, you must make your request in writing. I will accommodateall reasonable requests. You do not need to give me a reason for the request; but your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of this Notice -** You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice of Privacy Practices electronically, you may still obtain a paper copy. To obtain a paper copy, contact me.

**V. Complaints**

If you believe your privacy rights have been violated, you may file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. I will not retaliate against you for filing a complaint**.**

**VI. Changes to this Notice**

I reserve the right to change the terms of our Notice of Privacy Practices. I also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information I already have about you as well as any health information I receive in the future. I will post a copy of the current Notice of Privacy Practices on my website and in my office.