

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.

James J. Reed, LCPC, NCC is dedicated to maintaining the privacy of your personal health information. I am also required by law to do so. This form is a shorter version of the full, legally required Notice of Privacy Practices, which you were offered with this one. Please refer to the full version for more information. This notice is provided in accordance with the Federal law requiring that we inform all clients of how their confidential information may be used, under what circumstances we may disclose it, and how you may have access to your records. Please review it carefully.

USE AND DISCLOSURE OF HEALTH INFORMATION

James J. Reed, LCPC, NCC may use your health information in order to provide you with treatment, obtain payment for your care and conducting health care operations. James J. Reed, LCPC, NCC has implemented policies that protect against unnecessary disclosure of your health information.

PURPOSES FOR USE AND DISCLOSURE OF HEALTH INFORMATION:

Treatment: We may use your information to bill you, your insurance, or others for the treatment we provide to you.

Health Care Operations: We may use your health care information to evaluate and further improve the services we provide. These activities may include, but are not limited to quality assessment, employee review, training of students or conducting other business arrangements. We also may be required to provide some information to government health agencies, as they are responsible for some oversight of agencies such as ours.

Appointment Reminders: We may use and disclose some of your health information to reschedule or remind you of appointments for treatment or other services.

Other Uses and Disclosures:

Emergencies: As indicated above, certain circumstances will require that we disclose some of your health information to others in order to properly manage the emergency situation.

Reporting Agencies: In some instances (e.g. suspected child abuse or neglect or threats toward self or others) we may be required by law to report such information to public authorities.

Law Enforcement: We may disclose your health information in the course of a judicial proceeding with your consent, a review by a coroner, or as directed by a valid court order. Other uses and disclosures not described in this will be made only as authorized by law or with your written authorization. You may revoke any authorization in writing at any time.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to inspect and copy your records: You have the right to inspect and copy your health information, including billing records. This right is not absolute. We may choose to deny access to these records in certain situations (e.g. if access would cause harm to anyone). Upon request, we will provide you with a review of our decision to deny access. James J. Reed, LCPC, NCC Some see a weed, others see a wish 12

Right to Amend Health Information: You have the right to request that James J. Reed, LCPC, NCC, amends your records if you believe that your health information is incorrect or incomplete. That request may be made as long as information is maintained by James J. Reed, LCPC, NCC. We may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if your health information records were not created by us, if the records you are requesting to amend are not part of our records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of James J. Reed, LCPC, NCC, the records containing your health information are accurate and complete.

Right to an Accounting: An “Accounting of Non-Routine Disclosures” is a list of disclosures we made regarding health information about you other than for treatment, payment or healthcare operations, with some exceptions specifically defined by law. This accounting includes a list of when, to whom, for what purpose, and what content of your PHI has been released. We do not need to provide an accounting of disclosures for information provided to you, provided under your specific authorization, provided to others involved in your care, provided for national security or intelligence reasons (as specified by law), or that occurred before April 14, 2003. The first accounting that you request within a 12-month period will be free of charge. We reserve the right to charge a reasonable cost-based fee for additional accountings.

Right to Request Restrictions: You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Jackie Barille’s, LCSW, disclosure of your health information to those involved in your care or the payment of your care. We are not required to agree to your request and may not be able to fulfill your request in certain instances (e.g. in emergencies). Right to Request

Alternative Methods of Communication: You have the right to request that we communicate with you about your services or treatment with James J. Reed, LCPC, NCC, in a certain manner or at a certain location (e.g. at work or by mail). As long as this request is reasonable, we will honor it and not ask that you explain the reasons for this request.

THERAPIST RESPONSIBILITIES:

James J. Reed, LCPC, NCC is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices explaining the individually identifiable health information that we collect about you.
- Abide by the terms of this notice and train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality
- Lessen the harm of any breach of privacy/confidentiality

We reserve the right to amend or change our practices and to make the new provisions effective for all individually identifiable health information that we maintain. If we change our information practices, we will mail a revised notice to the address that you have given us. We will abide by the terms of the Notice currently in effect.

FOR ADDITIONAL INFORMATION OR TO REPORT A PROBLEM

If you have questions and/or would like additional information, you may contact James J. Reed, LCPC, NCC at 406-478-5858. You also have the right to complain to us or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. If you wish to file a complaint with me, you may contact James J. Reed, LCPC, NCC at 406-478-5858.

Signature of Client _____

Date _____.