

Yellowstone Counseling Center

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MENTAL HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Yellowstone Counseling Center is required by law to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and mental health information referred to in this Notice as "Protected Health Information" (PHI) or simply "mental health information". We are required to adhere to the terms outlined in this Notice. If you have any questions, please call our office at (406)896-8427.

UNDERSTANDING YOUR MENTAL HEALTH RECORD AND INFORMATION

Each time you are seen at Yellowstone Counseling Center, a record of your visit is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. We may use and/or disclose this information to:

- plan your care and treatment
- communicate with other health professionals involved in your care
- document the care you receive
- educate health professionals
- provide information for medical research
- provide information to public health officials
- evaluate and improve the care we provide
- obtain payment for the care we provide

UNDERSTANDING WHAT IS IN YOUR RECORD AND HOW YOUR PHI IS USED HELPS YOU TO:

- ensure it is accurate
- better understand who may access your mental health information
- make more informed decisions when authorizing disclosure to others

HOW WE MAY USE AND DISCLOSE PROTECTED MENTAL HEALTH INFORMATION ABOUT YOU

The following categories describe the ways that we use and disclose mental health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI about you so that the treatment and services you receive at Yellowstone Counseling Center may be billed to you, your health insurance or a third party. For example, in order to be paid, we may need to share information with your health plan about services provided to you. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose PHI about you in order to support our business activities and make sure our clients receive quality care. For example, we may share your PHI with third parties that perform various business activities provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching your PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purposes of investigating or determining our compliance with the requirements of the Privacy Policy.

Without Authorization. Following is a list of categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

Child Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

As required by law. We will disclose your PHI when required to do so by federal, state or local law.

Deceased Patients. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be linked to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than 50 years is not protected under HIPAA.

Medical Emergencies. We may disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm.

Family Involvement of Care. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection, with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Military and Veterans. If you are a member of the armed forces, we may disclose your PHI as required by military authorities. We may disclose PHI about foreign military personnel to the appropriate foreign military authority.

Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research. PHI may only be disclosed after a special approval process or with your authorization.

Verbal Permission. We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record
- most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications
- disclosures that constitute a sale of PHI
- other uses and disclosures not described in this Notice of Privacy Practices

YOUR RIGHTS REGARDING YOUR PHI

- 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 and billing records, but not including psychotherapy notes. You must submit your request in writing to: Yellowstone Counseling Center, 208 N. Broadway, Suite 423, Billings, Montana 59101.
- 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 made in writing. You must provide us with a reason that supports your request for amendment.
- You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request an accounting in any 12-month period.

