

HIPPA

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

PLEASE REVIEW IT CAREFULLY.

All information describing your mental health treatment and related health care services is personal and I am committed to protecting the privacy of the personal and mental health information you disclose to me. I am required by law to maintain the confidentiality of information that identifies you and the care you receive. When we disclose information to a person or company to perform services for us, I require them to protect your privacy too. This Notice applies to your counselor, psychotherapist and other health care professionals who provide care to you. I am required to give you this Notice about my privacy practices, your rights, and my legal obligations.

Earth + Water Counseling PLLC will only release information in accordance with state and federal laws and the ethics of the counseling psychology profession. Use and Disclosure of protected health information for the purpose of providing services: providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal law allows me to use and disclose your health information for these purposes. (Date of practice started and compliance required 1/26/2025)

I MAY USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION:

WITH YOUR WRITTEN AUTHORIZATION I may use or disclose mental health information for purposes not described in the Notice below ONLY with your written authorization.

For TREATMENT for example, I may need to provide, manage or coordinate care with other professionals within Earth + Water Counseling PLLC.

For PAYMENT for example, we may process and collect fees using an office manager.

For APPOINTMENTS AND SERVICES to remind you of an appointment or tell you about treatment interventions or health related services.

For HEALTHCARE OPERATIONS for example, I may review treatment procedures, compliance and licensing activities.

I MAY USE YOUR MENTAL HEALTH INFORMATION FOR OTHER PURPOSES WITHOUT WRITTEN AUTHORIZATION.

As REQUIRED BY LAW, when authorized by laws, such as the reporting of child abuse, elder abuse, or dependent adult abuse (Mandated reporting).

In JUDICIAL PROCEEDINGS in response to court/administrative orders, subpoenas, discovery. requests or other legal processes.

To LAW ENFORCEMENT for example, to assist in an involuntary hospitalization process.

To PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY of an individual. I may notify the person, tell someone who could prevent the harm, or tell law enforcement officials.

YOU HAVE THE FOLLOWING RIGHTS:

To Receive a Copy of this Notice when you obtain care.

To REQUEST RESTRICTIONS. You have the right to request a restriction or limitation on the mental health information I disclose about you for treatment, payment or healthcare operations. If the request abides by state and federal laws and counseling ethics I will comply with the request.

To INSPECT AND REQUEST A COPY OF YOUR MENTAL HEALTH RECORDS. A reasonable fee will be charged to copy your records. You must put your request for records in writing. After termination of services records will be kept according to the state of practice, typically 7 years for adults and 10 for minors.

To REQUEST AN AMENDMENT AND OR ADDENDUM to your mental health record. If you believe that information is incorrect or incomplete you may ask me to amend the information or add an addendum of no longer than 250 words for each inaccuracy. Your request for an amendment or addendum must be in writing. I may deny your request if the information was not created by us, is not a part of the information which you would be permitted to inspect and copy, or if the information is accurate and completed. If I accept the request, I am unable to delete any information already in your records.

To RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES we have made of your mental health information. You must put this request in writing.

To REQUEST WHERE I CONTACT YOU. (mail, fax, email, phone number). Your request must be in writing on the intake form. This request will be respected.

To FILE COMPLAINT to the appropriate state board. Although clients are encouraged to discuss any concerns with the counselor, you may file a complaint against me with the organization below should you feel I am in violation of any of the ACA codes of ethics: Montana Board of Behavioral health Link: <https://bsd.dli.mt.gov/filing-complaint>

To RECEIVE CHANGES in policy within 60 days of change, directly or by mail.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.