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**NOTICE OF PSYCHOLOGIST'S POLICIES AND PRACTICES
TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The following is the Notice of Privacy Practices of Adam Moller, Ph.D., LLC. The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that requires me to maintain the privacy of your protected health information and to provide you with notice of my legal duties and privacy policies with respect to your protected health information. I am legally required to abide by the terms of this Notice of Privacy Practices (hereafter referred to as the Notice.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may *use* or *disclose* your *protected health information* (*PHI*), for *treatment, payment, and health care operations* purposes without your *authorization*. To help clarify these terms, here are some definitions:

- "*PHI"* refers to information in your health record that could identify you.
- *"Treatment, Payment, and Health Care Operations"*
    - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
    - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
    - *Health Care Operations* means (a) use within my office for internal quality control and auditing functions; (b) use within my office for general administrative activities, such creating and maintaining your Clinical Record; (c) disclosures to my attorney, accountant, bookkeeper, and similar consultants to my healthcare operations, provided that I have entered into Business Associate Agreements with such consultants for the protection of your PHI.
- "*Use*" applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.
- *"Authorization"* means written permission for specific uses or disclosures.
- Minimum Necessary Rule: I will use or disclose your PHI without your authorization for the above purposes only to the extent necessary and will release only the minimum amount of PHI required.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information.

You may revoke your authorization of your PHI at any time, provided that the revocation is in writing. Exceptions: 1) I have taken action in reliance on the authorization; or 2) If the authorization was obtained as a condition to obtaining insurance coverage, and other law provides the insurer with the right to contest a claim under the policy.

I will also obtain an authorization from you before using or disclosing your PHI in a way that is not described in this Notice.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse**: When I know or have reasonable cause to suspect, as a result of information I have received in my professional capacity, that a child is abused or neglected (physically, sexually, or psychologically), I must report the matter promptly to the Department of Public Health and Human Services.

- **Adult and Domestic Abuse**: When I know or have reasonable cause to suspect that an older person, or a person with a developmental disability, known to me in my professional capacity, has been subjected to abuse (physical, sexual, or psychological),

neglect, or exploitation, I must report the matter to the Department of Public Health and Human Services or the county attorney. "*Older person*" means a person who is at least 60 years of age and unable to provide personal protection from abuse, sexual abuse, neglect or exploitation because of a mental or physical impairment, or because of frailties or dependencies brought about by advanced age.

- **Health Oversight Activities**: The Montana Board of Psychological Examiners may subpoena records from me relevant to its investigations and disciplinary proceedings.

- **Judicial and Administrative Proceedings**: If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law, and I must not release information without: 1) written authorization from you or your legally-appointed representative; 2) a court order; or 3) compulsory process (a subpoena) or discovery request from another party to the court proceeding where that party has given you proper notice (when required), has stated valid legal grounds for obtaining PHI, and I do not have grounds for objecting under state law (or you have instructed me not to object). The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. I will inform you in advance if this is the case.

- **Serious Threat to the Health or Safety of Others**: If you communicate to me an actual threat of physical violence by specific means against a clearly identified or reasonably identifiable victim, I must make reasonable efforts to communicate the threat to the intended victim and to notify law enforcement.

- **Serious Threat of Self-Harm**: If you threaten to harm yourself, I may be obligated to seek hospitalization for you, contact family members or others who can help provide protection, or call 911.

- **Duty to Report Cases:** If you have a sexually transmitted infection and are behaving in a way that might expose another to infection, I am mandated to report your name, address, and the essential facts to the Gallatin County Health Department.

- **Worker's Compensation**: If you file a worker's compensation claim, you will be authorizing disclosure of your records relevant to that claim to the worker's compensation insurer.

- When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

There may be additional disclosures of PHI that I am required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions* –You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.

- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)

- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the amendment process.

- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.

- *Right to a Paper Copy* – You have the right to obtain a paper copy of the Notice from me upon request, even if you have agreed to receive the Notice electronically.

- *Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocke*t – You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.

- *Right to Be Notified if There is a Breach of Your Unsecured PHI* – You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Psychologist's Duties:

- Business Associate Rule: Business Associates are entities that in the course of my business with them will obtain access to your PHI. They may use, transmit, or view your PHI on my behalf. Business Associates are prohibited from re-disclosing your PHI without your written consent, or unless disclosure is required by law. I enter into confidentiality agreements with my Business Associates called Business Associate Agreements, and they, in turn, enter into confidentiality agreements with their subcontractors, if any.

- I am required by law to maintain the privacy of PHI and to provide you with a Notice of my legal duties and privacy practices with respect to PHI.

- I reserve the right to change the privacy policies and practices described in this Notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

- If I revise my policies and procedures, I will provide you with a revised Notice either in-person at our next scheduled appointment, or by mail.

V. Questions and Complaints

If you have questions about this Notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me, Adam Moller, Ph.D., at 406.577.1010.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send a written complaint to: Adam Moller, Ph.D., LLC, 121 W. Kagy Blvd Ste N, Bozeman, MT 59715.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This Notice went into effect on August 11th, 2016 (*Last updated*: 4/16/18)

I reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that I maintain. I will provide you with a revised Notice either in-person at our next scheduled appointment, or by mail.

Your signature below indicates that you have read the information in this document and certify that you have received this Notice.

_____
Client printed name

_____ _____
Client signature Date