

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.

I respect client confidentiality and will only release information about you in accordance with applicable State and Federal law. If state law is stricter, these more stringent provisions will always take precedence. This notice describes the policies related to the use of your mental health records.

I am required by law to maintain the privacy of protected health information and to provide you with notice of my legal duties and privacy practices. In accordance with state and federal law, I will make reasonable efforts to limit use, disclosure of and requests for protected health information to the minimum necessary to accomplish the intended purpose.

Effective Date: April 21, 2024

Privacy Contact: If you have any questions about this policy or your rights, contact Savannah O'Toole, LPC at 6001 W. State St., Suite D, Boise, ID, 83703, (208) 243-8095.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to provide you care, there are times when I will need to share your information with others.

This includes the following times, under federal law:

Treatment: Information about you may be disclosed for treatment purposes. For example, information may be disclosed to a consulting therapist or member of a team providing services to provide, coordinate, or manage your care.

Payment: Information may be used for payment purposes. Information may be used to collect sums or receive third party payment for certain mental health services, but disclosure will be limited only to information needed to pursue collection.

Healthcare Operations: Information about you may be used to coordinate healthcare operations. For example, the information may be used in conducting a peer review of the services being provided. However, if state law is more restrictive, your protected health information will be disclosed to a third person or for billing purposes only to the minimum extent necessary and in accordance with such state law.

INFORMATION DISCLOSED WITHOUT YOUR CONSENT

Under Federal law, information about you can be disclosed without your consent in the following circumstances (certain records, such as drug and alcohol records, are subject to additional disclosure restrictions):

Emergencies: In case of an emergency, and if you are not able to give or refuse permission, I will share only the information that is directly necessary for obtaining emergency care for you, according to my professional judgment.

Danger to Self and/or Others: Information may be disclosed if you are a danger to yourself or others. I may disclose information to the appropriate authorities if I reasonably believe such disclosure is necessary to protect you or a third party from a clear imminent risk of serious physical or mental injury or disease or death. I may report information in the event of a serious threat of physical violence against a reasonably identifiable victim.

Abuse or Neglect: Information about you may be disclosed if I have a reasonable basis to believe that abuse or neglect may have occurred, whether it be child abuse, elder abuse, institutional abuse or

domestic violence.

As Required by Law: I must disclose information if required to do so by a court order.

Public Health Oversight and Activities: Information about you may be disclosed to a public health authority that is authorized by law to collect or receive certain information for the protection of the public.

INFORMATION DISCLOSED WITH YOUR CONSENT

Other uses and disclosures of your protected health information will be made only with your written authorization. You may consent in writing to a release of your records to yourself or others for any purpose you choose. You may revoke any such authorization in writing at any time unless I have already acted in reliance upon it.

I may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

INDIVIDUAL PRIVACY RIGHTS

You have the following rights under Federal law:

Right to Inspect and Copy your Record: With limited exceptions, you are entitled to inspect the mental health records I have generated about you. You are also entitled to a copy of these records. Please make a request in writing to the Privacy Contact to inspect and/or copy your records. I may charge you a reasonable fee for copying and mailing your record.

Right to Restriction of Record: You may ask me not to use or disclose part of the record. This request must be in writing to the Privacy Contact. I am not required to agree to your request if I believe it is in your best interest to permit disclosure of the information.

Right to Confidential Communications: You may request that I communicate with you about your information by different means or at different locations. For example, you may ask us to remind you of appointments by calling you at home instead of at work. Your request must be made in writing to the Privacy Contact. I am required to accommodate any reasonable request you make concerning such contact.

Right to Amend Record: You may request that I amend your mental health records by adding or deleting certain information that is incomplete or inaccurate. This request must be made in writing to the Privacy Contact. I may deny your request if I did not create the information you want changed, or for certain other reasons. If I deny your request, I will provide you with a written explanation. You may then respond with a statement of disagreement that will be added to your records. If I accept your request to change the information, I will make reasonable efforts to tell others, including people you name, of the amendment and to include the amendment in any future sharing of that information.

Right to Copy of Privacy Notice: You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive this notice electronically.

Right to Accounting of Disclosures: You have a right to receive a list of all the times during the six year period prior to the date of your request that I or a business associate shared your information for purposes other than treatment, payment, and health care operations, and other specified exceptions. This request must be made in writing to the Privacy Contact.

QUESTIONS AND COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary of the Department of Health and Human Services. To file a complaint with this office, or if you have any questions about this notice, contact Savannah O'Toole, LPC at (208) 243-8095. You will not be penalized for filing a complaint.

RESPONSIBILITY TO COMPLY WITH NOTICE

I am required to comply with the terms of the Privacy Notice currently in effect. However, I reserve the right to change the Privacy Policy based on the needs and changes in State and Federal law. By signing this form I am stating that I have been provided with and reviewed the HIPAA policy and understand my rights as a client.

Client Signature

Date