

Deb Lang, Psy.D., Licensed Psychologist  
65B W. Kagy Blvd., Bozeman, MT 59715 Phone: 406-585-7167

**PRIVACY NOTICE**  
**Notice of Policies and Practices to Protect the Privacy of Your Health Information (HIPAA)**

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.

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

I may use or disclose your *protected health information (PHI)*, for certain *treatment, payment and health care operations* purposes with your *consent*. 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 or help another one of your health care professionals provide 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* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within my office.
- “*Disclosure*” applies to activities outside of my office, such as releasing, transferring or providing access to information about you to other parties.
- “*Consent*” is granted when you sign my Consent for Treatment Agreement.

## **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. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. 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. I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I may have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have already released authorized information; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

## **III. Uses and Disclosures with Neither Consent nor Authorization**

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

- **Danger to Self:** If a client threatens to harm him/herself, I may be obliged to seek hospitalization for him/her, or to contact family members or others who can help to provide protection.
- **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, 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, sexual abuse, 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; 3) compulsory process (a subpoena) or discovery request from another party to the court proceeding where that party has given you proper notice (where 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 Health or Safety:** 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.
- **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.

#### **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. Upon 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.

Psychologist's Duties:

- 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 the revised version in person 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 for further information. You may also send a written complaint to the U.S. Department of Health and Human Services at 1961 Stout Street, Room 1185 FOB, Denver, CO 80294-3538. Phone: 303-844-2025.

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