



CONFIDENTIALITY & PRIVACY NOTICE

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

COMMITMENT AND LEGAL DUTY

TouchPoint Counseling PLLC recognizes the importance of maintaining the **confidentiality of psychotherapy** and the security of your **protected health information** or 'PHI' (individually identifiable information relating to your past, present, or future health condition, provision of health care to you, or payment for that healthcare). As required by law, I maintain safeguards to protect your confidentiality and PHI against unauthorized access, use, or disclosure. This document, hereinafter referred to as "*The Notice*," contains key information about use and disclosure and your rights concerning confidentiality and PHI, including information associated with the "*CONSENT TO TREATMENT AGREEMENT*" document and the "*PRACTICE & POLICY DISCLOSURE*" document. I reserve the right to change the terms of *The Notice* at any time and will provide you with an updated copy.

CONFIDENTIALITY

Any communications between you and any representative of TouchPoint Counseling PLLC are privileged. and may not be disclosed without your authorization except under specific, limited circumstances outlined below. You may give me authorization to disclose your PHI to anyone whom you designate. Your authorization must be in writing, using the Release of Information form designating what information may be released and to whom it may be released. You may revoke an authorization at any time but a revocation will not affect any use or disclosure permitted by the authorization while it was in effect.

LIMITS OF CONFIDENTIALITY

I may use or disclose PHI without your consent or authorization in the following circumstances, either by policy, or because legally required:

- **Treatment and Payment:** I may use and disclose PHI, including but not limited to any mental health diagnosis, for treatment and payment purposes with your insurance provider. Any information I submit to your insurance provider pursuant

to your health claims and/or audit will become part of the insurance provider's files, which I have no control over.

- **Serious Threat to Health or Safety:** I may use and disclose PHI to avoid a serious threat to yours or others' health or safety. I may use and disclose PHI to law enforcement or others in certain situations in which bodily injury or death to yourself or others may occur, and I believe you or others are in immediate or imminent danger.
- **When Required by Law:** I may use and disclose PHI when Montana and/or Federal law requires me to report certain information (for example workers compensation claim) or in response to a court order provided that certain regulatory requirements are met. I may also disclose PHI as required or permitted by Montana and/or Federal law to report suspected abuse or neglect, and as required by authorities that monitor compliance with privacy laws.
- **Medical Emergency:** I may use and disclose PHI to medical personnel if you are involved in a medical emergency in my presence and I believe you would have wanted me to do so, or if I believe it will be helpful to you.
- **Legal Complaint:** I may use and disclose PHI when there is any complaint or lawsuit that is filed against my license, me personally, and/or my assets. Only the relevant information associated with the complaint/lawsuit will be disclosed to maintain protection of my professional and personal integrity.
- **Professional Consultation and Case Reviews:** I may use and disclose PHI during professional consultation with other licensed mental health professionals. These professionals are legally bound to maintain confidentiality, and during these case reviews every effort will be made to avoid revealing your identity.

YOUR RIGHTS REGARDING YOUR PHI

These are important rights you have in regards to your PHI:

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on certain uses and disclosures of your PHI. I am not required to agree to restrictions you request except under certain circumstances. But if I do agree, then I am bound by that agreement and may not use or disclose any information you have restricted, except as necessary as indicated above in limits of confidentiality.
- **Right to Choose How I Contact You:** You have the right to request that I communicate with you in a certain way or at a certain location (for example you may not want a family member to know that you are seeing me, and you request your bill be sent to a different address).
- **Right to an Accounting of Disclosures:** You have the right to request a list of disclosures of your PHI made by me. I am not required to provide an accounting of disclosures made to you, disclosures made pursuant to your authorization, or certain other disclosures otherwise permitted or required by law (for example, disclosure made for the purposes of treatment, payment, or healthcare operations).
- **Right to Inspect and Copy:** In most cases, you have the right to inspect and obtain a copy of your PHI that I maintain. Usually, this includes PHI that is used

to make decisions about your care, as well as billing records, but does not include psychotherapy notes or information compiled for use in civil, criminal, or administrative proceedings, or in other limited circumstances. If you request a copy of the information I maintain, I may charge a fee for costs of copying and mailing. I may deny your request to inspect and/or receive a copy in certain limited circumstances.

- Right to Amend: If you feel the PHI I have about you is incorrect or incomplete, you may ask me to amend the information for as long as the information is kept by me. I will not amend information that was not created by me, is not part of the information kept by me, is not part of the information which you would be permitted to inspect and copy, and/or is accurate and complete.
- Right to a copy of this notice: You have the right to a paper copy of this notice at any time.
- Any request(s) regarding your rights to PHI must be submitted in writing.

Complaints: If you believe your privacy rights have been violated, please submit a written request for review either directly to TouchPoint Counseling PLLC or to the U.S. Department of Health and Human Services.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO ALL TERMS AND ITEMS CONTAINED IN THE “*CONFIDENTIALITY AND PRIVACY NOTICE*” DOCUMENT.

Printed Name of Client

Signature of Client

Date