

NOTICE OF PRIVACY PRACTICES

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This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

I. My Pledge Regarding Health Information

I understand that your health information is personal, and I am committed to protecting it. I maintain a record of the care and services provided to you to ensure quality and comply with legal requirements. This notice applies to all records created by my practice.

By law, I must:

- Ensure that your protected health information (PHI) is kept private.
- Provide this notice explaining my legal duties and privacy practices.
- Follow the terms of this notice.

I may update this notice to reflect changes in legal requirements or my practices. Any updates will apply to all information I maintain and will be available in my office and website.

II. How I May Use and Disclose Health Information About You

I may use and disclose your PHI in the following ways without needing your authorization:

- 1. For Treatment, Payment, and Health Care Operations:**
 - Example: I may share information with another healthcare provider to ensure you receive appropriate care.
- 2. For Public Health and Safety:**
 - Reporting suspected abuse, neglect, or threats to health and safety.
- 3. Health Oversight Activities:**
 - Audits, investigations, or inspections.
- 4. Judicial and Administrative Proceedings:**

- Disclosing information in response to a court order or subpoena where legally permissible.
 - 5. **Law Enforcement Purposes:**
 - Reporting crimes that occur on my premises.
 - 6. **Research Purposes:**
 - Using anonymized data to improve mental health treatments.
 - 7. **Specialized Government Functions:**
 - Supporting military missions or national security.
 - 8. **Workers' Compensation:**
 - Complying with laws related to workplace injuries.
 - 9. **Appointment Reminders and Health-Related Benefits:**
 - Contacting you with reminders or information about services.
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III. Certain Uses and Disclosures Require Your Authorization

Some uses of your PHI require your written consent:

- **Psychotherapy Notes:** Your written authorization is needed for most uses except for treatment, training, or legal defense purposes.
 - **Marketing or Sale of PHI:** I will not use or sell your PHI for marketing purposes.
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IV. Your Rights Regarding Your PHI

You have the following rights concerning your PHI:

1. **Request Restrictions:** You can ask me to limit how your information is used or shared. While I am not required to agree, I will consider all requests.
2. **Request Confidential Communications:** You can request to be contacted in a specific way (e.g., only by email or phone).
3. **Access Your Records:** You can request a paper or electronic copy of your records, which I will provide within 30 days. A reasonable fee may apply.
4. **Amend Your Records:** If you believe your record needs to be completed or corrected, you may request an amendment. I will explain why in writing within 60 days if I deny your request.
5. **Request an Accounting of Disclosures:** You can ask for a list of instances where I shared your PHI, excluding treatment, payment, or healthcare operations.

6. **Notification of Breach:** You will be notified promptly if a breach occurs that compromises your PHI.
 7. **File a Complaint:** If you believe your privacy rights have been violated, you can file a complaint with my office or the U.S. Department of Health and Human Services without fear of retaliation.
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V. Grievance Procedure

To file a complaint with my office, please contact me at:

L. M. Neilson-Kattell, LCSW, PLLC

Email: Therapy@lonilcsw.com

Phone: 406-201-8535

To file a complaint with the U.S. Department of Health and Human Services, visit their website at www.hhs.gov.

Acknowledgment of Receipt of Privacy Notice

By signing below, you acknowledge receipt and understanding of this notice of privacy practices.

Signature:

Date: