

Davis Consultants, P.C.

Notice of Privacy Practices

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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

Davis Consultants, PC may use or disclose your protected health information (PHI), for certain treatment, payment, and health care operations purposes with your consent. We are not required to obtain your written consent for this purpose. Rather, by accepting the services which we provide you are consenting to allow us to use or disclose your PHI for treatment, payment, and health care operations.

To help clarify these terms, here are some definitions:

- “We” and “us” refers to the clinical and administrative staff of Davis Consultants, PC.
- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment, and Health Care Operations”
 - Treatment is when we provide services to you or help another of your health care professionals provide services related to your health care. Examples of treatment would be when we meet with you for a psychotherapy session or for psychological evaluation or when we consult with another health care provider, such as your family physician or another mental health professional.
 - Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we 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 our clinic. 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. One specific example of health care operations you should be aware of is the situation in which we have to contact you to by mail or telephone with regard to the scheduling of appointments or for other administrative, case management, or case coordination related reasons. To protect your privacy, it is our policy to have you provide specific authorization regarding the address to which you wish correspondence to be mailed, telephone numbers you may be contacted at, who messages may be left with, and any restrictions on the content of such messages.

- “Use” applies only to activities within our offices such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of our offices such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We 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 disclosures having to do with treatment, payment, or health care operations. In those instances, when we are asked for information for purposes outside of treatment, payment or health care operations, we will obtain an authorization from you before releasing the relevant information. We will also need to obtain a specific authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes which we may make about our conversations with you during a private, group, joint, or family counseling session and which we have kept separate from the rest of your medical record. These notes are

given a greater degree of protection than PHI. Note, however, that in most cases we do not maintain a separate file of psychotherapy notes.

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) we have relied on that authorization; 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

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

- **Child Abuse:** When we know or have reasonable cause to suspect, as a result of information we have received in our professional capacity, that a child is abused or neglected, we must report the matter promptly to the Department of Public Health and Human Services.
- **Adult and Domestic Abuse:** When we know or have reasonable cause to suspect that an older person, or a person with a developmental disability, known to us in our professional capacity, has been subjected to abuse, sexual abuse, neglect or exploitation, we 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 Psychologists and/or the Montana Board of Social Work Examiners and Professional Counselors may subpoena records from us relevant to their 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 we have provided you and/or the records thereof, such information is privileged under state law, and we will 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 we do not have grounds for objecting under state law (or you have instructed us not to object). The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. We will inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to us an actual threat of physical violence by specific means against a clearly identified or reasonably identifiable victim, we 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. Your Rights and the Duties of Davis Consultants, PC

Your Rights:

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information.

However, we are 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 receiving services from us. On your request, we 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 our clinical and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we 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. We may deny your request to amend your PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we 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, we 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 this notice from us upon request, even if you have agreed to receive the notice electronically.

Duties of Davis Consultants, PC:

- We are required by law to maintain the privacy of your PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will mail a copy of the revised Notice of Privacy Practices to you at the address which you have provided for the purpose of receiving correspondence from our offices.

V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we make about access to your records, you may discuss the issue with us and we encourage you to do so. We will provide you with a form on which you can record your complaint in writing, we will keep the original form on file in our offices and we will provide you with a copy of the completed form. If you wish to contact us by telephone or mail for the purpose of making a complaint you may call us at: (406) 899-0522 or write to us at the following address:

Privacy Officer
Davis Consultants, P.C.
PO Box 9433
Missoula, MT 59807-9433

If, after discussing the issue with us you still disagree with our decision, you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services. In the event that you should choose to send a written complaint to the Secretary of the U.S. Department of Health and Human Services the mailing address is provided below. Filing a complaint will not change the health care we provide to you in any way.

Secretary
U.S. Department of Health and Human
Services
200 Independence Avenue, S.W.
Washington, D.C. 20201