
Big Sky Family Therapy

Stephanie Isbell, MA, PCLC

Suite 211C
800 Kensington Ave
Missoula MT 59801

Phone: (406) 285-1046
Fax: (406) 728-5193
Email: stephanie@bigskyfamilytherapy.com



Family Systems Trauma Therapy
Advanced Certificate

DIR/Floortime
Advanced Certificate

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you or your child may be used and disclosed and how you can get access to this information. **Please review it carefully.**

This health care provider is required by law to maintain the privacy of a patient's health information and provide you with a notice of its legal duties and privacy practices. If you have questions about any part of this notice or if you want more information about the privacy practices please contact the therapist at the above address.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We are not required to change your child's health information and we will provide you with information about the denial and how you can disagree with the denial.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information and who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated:

Complaints about this Notice of Privacy Practices or how the therapist handles your health information should be directed to Doug Cochran-Roberts at the address and phone number listed on the top of page 1.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human
Services Office of Civil Rights
Hubert H. Humphrey
Bldg. 200 Independence Ave,
S.W. Room 509F HHH
Bldg.
Washington, DC 20201

You may also address your complaint to one of the regional Office for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>

We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situation described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the following cases we NEVER share your information:

- Marketing purposes
- Sharing of psychotherapy notes

Our Uses and Disclosures

We typically use or share your health information in the following ways.

To treat you:

We can use your health information and share it with other professionals who are treating you. Your health information may be used by or disclosed to school personnel, your physician(s), and personnel from other agencies as necessary to plan, coordinate, implement and evaluate health related services provided to you or your child.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

To run our organization:

We can use and share your health information to run our practice, improve your care, and contact you when necessary. We may disclose health information to health agencies during the course of audits, investigation, inspections, licensure and other proceedings.

Example: We use health information about you to manage your treatment and services.

To bill for our services:

We can use and share your health information to bill and get payment from health plans or other entities. In all cases, we will disclose the minimum amount of your health information necessary to receive payment.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepo.htm.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Client name:

Date:

Legal guardian name:

Date of birth of signee

Legal guardian name: