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NOTICE OF PRIVACY PRACTICES

This notice describes how your health information may be used and disclosed, your rights pertaining to that information, and how you can gain access to that information. Please review it carefully.

Understanding Your Protected Health Information

Understanding what is in your health record and how your health information is used will help you to ensure its accuracy, allow you to better understand who, what, when, where and why others may access your health information, and assist you in making more informed decisions when authorizing disclosure to others.

When you attend a session, a record is made of your symptoms, examination, test results, diagnoses, treatment plan, and other medical information. Your record is the physical property of the Katie McCall PhD Clinical Psychologist, while the information within the record belongs to you. In using and disclosing your protected health information, it is our objective to follow the Privacy Standards of the federal Health Insurance Portability and Accountability Act, 45 CFR Part 464, even if this is not required. The contents of a counseling, intake, or assessment session are considered to be confidential as required (and except as limited) by law. Discussions with your therapist, as well as your record and testing material, are kept confidential. Any information you provide in therapy is never released to anyone, including your spouse/partner or family, without your written consent, except as required by law or ethical guidelines as described below:

Duty to Warn and Protect

Consistent with legal statutes and ethical guidelines, I may disclose your health information as necessary to avert a serious threat to the health or safety of you or others, although disclosures are limited if information is obtained through counseling or therapy.

Abuse of Children and Elderly or Developmentally Disabled Adults

As allowed by law, I may disclose your health information to social service or other government agencies if you report that you are abusing a child or vulnerable adult, that you have recently abused a child or vulnerable adult, or that a child or vulnerable adult is in danger of abuse.

Law Enforcement and Court Orders

I may disclose health information to law enforcement in the following circumstances: 1) information required by law, 2) limited information for identification and location purposes, 3) information regarding suspected victims of crime, though your clinician will usually attempt to first obtain your agreement to release the information, 4) information about a deceased client if your clinician suspects that the death resulted from criminal conduct, and 5) information that your clinician believes in good faith establishes that a crime has been committed on the premises. I may also disclose health information to others as required by court or administrative order, or in response to a valid summons or subpoena.

OTHER PROVISIONS OF HIPAA

I may use or disclose your protected health information for treatment, payment, operations, and purposes described below:

1. Health information may be used for treatment: e.g. I will use information obtained to determine your best course of treatment. The information obtained from you or from other providers will become part of your mental health records. Your therapist may share pertinent information (e.g. diagnosis, treatment plan, safety concerns, etc.) with your other health care providers in order to collaborate care. In addition, in order to provide the best possible treatment, your therapist will regularly consult with other professionals about clients; no identifying information will be given in these consultations.
2. Health information may be used for payment: e.g. I may send a bill to you or to your insurance carrier. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used as necessary to obtain payment.
3. Health information may be used for regular health care operations: e.g. I may use your information to assess the care and outcomes of your care in an effort to improve the quality of the care you receive or for educational purposes.
4. When allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

YOUR HEALTH INFORMATION RIGHTS

You have the right to:

1. Request a restriction on certain uses and disclosures of protected health information as described in this notice, though I am not required to agree to the restriction you request. You should address your request in writing to Dr. Katie McCall 120 Hickory Street, Suite A, Missoula Montana 59801. You will be notified within 30 days if I cannot agree to the restriction.
2. Obtain a paper copy of this notice and upon written request, inspect and obtain a copy of your health record for a fee of \$.60 per page and the actual cost of postage. You are not entitled access to, or to obtain a copy of, information compiled for legal proceedings.
3. Amend your health record by submitting a written request with the reasons supporting the request. In most cases, you will receive a response within 30 days. I am not required to agree to the requested amendment.
4. Obtain an accounting of disclosures of your health information, except that I am not required to account for disclosures for treatment, payment, operations, or pursuant to authorization, among other exceptions.
5. Request in writing that communication with you be done with a specific method at a specific location. I will typically communicate with you in person or by letter and/or telephone.
6. Revoke an authorization to use or disclose health information at any time except to the extent that action has already been taken.
7. Restrict disclosures when you have paid for your care out-of-pocket. You have the right to restrict certain disclosures of protected health information to a health plan when you pay out-of-pocket in full for services.
8. Be notified if there is a breach of your unsecured protected health information. You have a right to be notified if: (a) there is a breach (a use or disclosure of your protected health information in violation of the HIPAA Privacy Rule) involving your protected health information; (b) that protected health information has not been encrypted to government standards; and (c) a risk assessment fails to determine that there is a low probability that your protected health information has been compromised.

OUR RESPONSIBILITIES

Dr. McCall is required to:

1. Maintain the privacy of your protected health information and provide you with notice of his or her legal duties and privacy practices with respect to your protected health information.
2. Abide by the terms of the notice currently in effect. I have the right to change the notice of privacy practices in which case a new copy will be given to you. These changes will apply to all of your protected health information, including information obtained prior to the change.
3. Accommodate reasonable requests to communicate with you about your protected health information by alternative means or locations.
4. Use or disclose your health information only with your authorization except as described in this notice.

In some circumstances, state or federal law may prohibit or further restrict the disclosure of your health information. If that is the case, I am required to follow the more stringent law.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

For more information or to report a problem, you may contact Dr. McCall at (206) 619-7088. If you feel your rights have been violated, you may file a complaint in writing. If you are not satisfied with the resolution of the complaint, you may also file a complaint with the Secretary of Health and Human Services or with the State Licensing Board. You will not be retaliated against for filing a complaint.

DISCLOSURES REQUIRING AUTHORIZATION

Your written authorization will be obtained before using or disclosing protected health information in a way that is not described in this notice, for disclosing psychotherapy notes, or for the use of protected health information for marketing purposes. All other disclosures of protected health information will only be made pursuant to your written authorization, which you have the right to revoke at any time, except to the extent I have already relied upon the authorization.

ACKNOWLEDGMENT OF RECEIPT

Federal law requires that I seek your acknowledgment of receipt of this Notice of Privacy Practices. By signing this document, you agree and acknowledge that you have received this Notice of Privacy Practices.

Client Name

Signature

Date