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EFFECTIVE DATE OF THIS NOTICE: 3/1/2025

NOTICE OF PRIVACY PRACTICES

This notice describes important procedures and guidelines regarding your private health information. Please read it carefully and sign at the bottom to indicate understanding and agreement. I may periodically update this privacy policy; any changes will apply to health information already on file with me. If I make changes, I will immediately change this notice and provide a copy of it in my office and on my website (www.ruthpatton.com). I encourage you to periodically review this notice for the latest information about my privacy practices.

Purpose of This Notice

Your privacy is important to me. Under the Health Insurance Portability and Accountability Act of 1992 (HIPAA), you have rights regarding the use and disclosure of your protected health information (PHI). This Notice of Privacy Practices describes how I handle your PHI. PHI is information created or noted by me that can be used to identify you and may contain data about your past, present, or future health or condition, the provision of health care services that you receive, or payment for health care. I do keep psychotherapy notes, which are defined as notes recorded in any medium by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the client's medical record.

The following are required by law:

- I must use and disclose confidential information as required by law.
- I must ensure that PHI that identifies you is kept private.
- I must give you this notice of my legal duties and privacy practices.
- I must follow the terms of the notice that is currently in effect.

Your Rights About Your Confidential Information**1. Right to Review and Copy**

In general, other than psychotherapy notes, you have the right to see and get copies of your PHI that is in my possession; requests to review and/or get copies of your PHI must be in writing. I will provide you with a copy of your record or a summary of it within 30 days of the request. There may be a reasonable fee for doing so. Under certain circumstances, I may deny your request, and if I do, I will give you, in writing, the reason for the denial.

2. Right to Amend

If you believe there is an error in your PHI or that important information has been omitted, you have the right to request a correction or addition to your record. Your request and the reason for the request must be made in the writing. You will receive a written response within 60 days of my receipt of your request.

3. Right to Restrict Health Information Disclosures

You have the right to ask me not to share your health information. I will always consider your request; however, there are uses and disclosures that I am legally required or permitted to make. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations.

4. Right to Means of Delivery of PHI

You have the right to ask me to contact you in a specific way (for example, at your work rather than home address) or by an alternate method (for example, email instead of regular mail). I will agree to reasonable requests that don't cause undue inconvenience.

5. Right to a Report of Health Information Disclosures

You have a right to ask for a list of the instances of disclosure of your PHI. The list will not include disclosures to which you have already consented or those made for purposes of treatment, payment, health care operations, national security, or at the request of corrections or law enforcement personnel. I will respond to your request for an accounting of disclosures within 60 days of receiving the request. The list will include disclosures made in the last six years unless you indicate a shorter period and will include the date of the disclosure, the recipient of the information, a description of the information disclosed, and the reason for disclosure. I will provide the list to you once per year at no cost; subsequent requests will incur a reasonable charge.

6. Right to Request Restrictions for Out-of-Pocket Expenses

You have the right to request restrictions on disclosures of your PHI to health insurance companies if the PHI pertains solely to a health care service that you paid for out-of-pocket in full.

7. Right to Get this Notice in Various Formats

You have the right to get this notice by email, and you have the right to get a paper copy.

My Use and Disclosure of Your Protected Health Information

I use and disclose your PHI for different reasons; some uses or disclosures require your prior written authorization, and some don't. Below are types of use or disclosure, with some examples.

Times when your permission is not required

1. For treatment. Your PHI may be used or disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. For example, on occasion, I consult with other licensed health care providers about client cases as part of ongoing training or supervision.
2. For payment. Your PHI may be used or disclosed to bill and collect payment for the services provided to you. For example, I may need to give your medical insurance company information about the treatment or services that you received so that your medical insurance can pay for that treatment or services.
3. For healthcare operations. Your PHI may be used or disclosed in order to support business activities including, but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities. For example, I may share PHI with third parties that perform business activities (e.g., legal, accounting) provided that I have a written contract with the business that requires it to safeguard the privacy of your PHI.
4. For emergency treatment. For example, if you are experiencing a health crisis and unable to communicate consent, I may disclose your PHI in order to secure treatment.
5. When required by state or federal law, and when the use or disclosure complies with and is limited to the relevant requirements of such law.
6. For public health activities, including reporting suspected child, elder, or dependent or vulnerable adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
7. For law enforcement purposes, including reporting crimes occurring on my premises.
8. For lawsuits and disputes. If you are involved in a lawsuit, I may disclose PHI in response to a court or administrative order. I may also disclose PHI about your child in response to a subpoena, discovery

request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

9. To coroners or medical examiners, when such individuals are performing duties authorized by law.
10. For workers' compensation purposes. Although my preference is to obtain permission from you, I may provide your PHI in order to comply with workers' compensation laws.
11. For health oversight activities, including audits and investigations.
12. For specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.

Times when you have the opportunity to object

I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations. Also, I may share your information in a disaster so that your family or legal representative can be told about your condition, status, and location.

Times when your permission is needed

In any situation not described above, I will request your written permission before using or disclosing your PHI. If you give me permission to use or share your information, you may revoke it at any time in writing. If you revoke permission, I will no longer use or share that information. You must understand that I'm unable to take back any information already shared with your permission.

COMPLAINTS

If you believe I have violated your privacy rights, you have a right to file a complaint in writing with me at 3317 E Chasewood Drive, Ammon, Idaho, 83406 or with the Secretary of Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201. I will not retaliate against you for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing below, you are acknowledging that you have read, understood, and agree to the terms contained in this document and that you have received a copy of this HIPAA Notice of Privacy Practices.