Solutions … for a Change
Kathryn Montgomery, MA, LPC, NCC, CHT
720-350-1813

Notice of Privacy Practices

Client's Copy

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED AND HOW YOU MAY GAIN ACCESS TO IT.
PLEASE REVIEW THIS DOCUMENT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO ME.

My Legal Duty

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, my legal duties, and your rights concerning your health information. I must follow the privacy practices that are described in this Notice while it is in effect. This notice will remain in effect until I replace it.

I reserve the right to change my privacy practices and/or terms of this Notice at any time provided such changes shall be permitted under applicable law. Before I make a significant change in my privacy practices, I will change this Notice and make the new Notice available upon request.

You may request a copy of my Notice at any time. For more information about my privacy practices, or for additional copies of this Notice, please contact me using information listed in the heading.

Uses and Disclosures of Health Information

I use and may disclose health information about you only for treatment, payment, and healthcare operations. For example:

Treatment: I may use or disclose your health information to a physician or other healthcare provider providing treatment to you or for the management of healthcare and related services. Such use also includes but is not limited to clinical supervision, consultation and referrals between one or more providers. For example, I may discuss your treatment with a supervisor or contact a provider on your behalf to facilitate your access to other mental or physical health treatment.

Payment: I may use and/or disclose your health information to obtain payment for services I provide to you. For example, I may contact a benefit plan to obtain information concerning billing for services, co-pay information, etc.

Healthcare Operations: I may use and/or disclose your health information in connection with my mental healthcare practice operations. Mental healthcare practice operations include quality assessment and improvement activities, case management, reviewing the competence or qualification of healthcare professionals, evaluating practitioner and provider performance, conducting training, accreditation, certification, licensing, or credentialing activities.

Your Authorization: In addition to my use of your health information for treatment, payment or healthcare operations, you may give me written authorization to use your health information or to disclose it to anyone for any purpose or for a specific purpose. If you give me such authorization, you may rescind it by providing written revocation at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give me a written authorization, I cannot use or disclose your health information for any reason except those described in this Notice.

SOLUTIONS ... FOR A CHANGE
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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

FILE RECEIPT

Your refusal to sign this Acknowledgement will not affect your ability to obtain treatment, payment for or eligibility for benefits. However, if you should refuse to sign this Acknowledgement and/or you are in a research-related treatment program or have authorized this provider to secure or disclose information about you to a third party, this provider has the right to not treat you or accept you as a client in her practice.

I understand that I may refuse to sign this acknowledgement.

I, ______________________________ have been offered and have received a copy
Please Print Name

of this provider's Notice of Privacy Practices.

____
Signature

____
Date