

Fresh Start Health and Wellness
Notice of Privacy Practices

To Our Patients: This notice describes how your health information (as a customer of this business) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. We realize these laws are complicated, but we must provide you with the following information:

Use and Disclosure of your health information in certain special circumstances

The following circumstances may require us to disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect health information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and Similar programs.

Your rights regarding your health information

1. Communications. You can request that our office communicate with you about your health and related issues in a particular manner or certain location. For instances, you may ask that we contact you at home, rather than at work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information to only certain individuals involved in your care or the payment of your care, such as family or friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records, but not including psychotherapy notes. You must submit your request in writing to Fresh Start Health and Wellness, PLLC, 925 Highland Blvd Suite 1130 Bozeman, MT 59715.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, as long as the information is kept by our practice. To request an amendment, your request must be made in writing and submitted to Fresh Start Health and Wellness, PLLC, 925 Highland Blvd. Suite 1130 Bozeman, MT. 59715. You must provide us with a reason that supports the request for amendment.
5. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this Notice, contact Fresh Start Health and Wellness, PLLC, 925 Highland Blvd. Suite 1130 Bozeman, MT 59715 or call (406) 522-9067.
6. Right to file a complaint. If you believe your privacy might have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Fresh Start Health and Wellness, PLLC, 925 Highland Blvd. Suite 1130 Bozeman, MT 59715, (406) 522-9067, or ask to speak to the HIPAA Compliance Officer. All complaints must be in writing. You will not be penalized for filing a complaint.
7. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for used and disclosures that are not identified by this notice or permitted by applicable law.

I hereby acknowledge that I have been presented with a copy of the Notice of Privacy Practices from Fresh Start Health and Wellness, PPLC

Signature _____ Date _____

Name of Patient _____

Parent or Guardian (if applicable) _____