

NOTICE OF PRIVACY PRACTICES

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Privacy Contact: Tyler D. Moulton, LCSW

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THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

I am committed to protecting the privacy and security of your health information. This Notice describes how your Protected Health Information (PHI) may be used or disclosed, your rights regarding your health information, and my responsibilities as your healthcare provider.

YOUR RIGHTS

You have the following rights regarding your health information:

Access Your Records. You may ask to see or obtain an electronic or paper copy of your health record and other health information maintained about you. In most circumstances, a copy or summary will be provided within 30 days of your request. A reasonable, cost-based fee may be charged when permitted by law.

Request a Correction. If you believe information in your record is incorrect or incomplete, you may ask that it be corrected or amended. I may deny your request in certain circumstances, but I will provide an explanation in writing.

Request Confidential Communications. You may ask me to contact you in a specific way or at a particular phone number, email address, or mailing address. Reasonable requests will be accommodated.

Request Restrictions. You may ask me not to use or disclose certain health information for treatment, payment, or healthcare operations. I am not always required to agree to your request. However, if you pay for a service in full out of pocket and request that information about that service not be disclosed to your health plan for payment or healthcare operations, I will honor the request unless disclosure is required by law.

Receive an Accounting of Disclosures. You may request a list of certain disclosures of your PHI made during the six years preceding your request. This accounting generally does not include disclosures made for treatment, payment, or healthcare operations, or disclosures made pursuant to your written authorization, except where otherwise required by law.

Receive a Copy of This Notice. You may request a paper or electronic copy of this Notice at any time, even if you previously agreed to receive it electronically.

Choose Someone to Act for You. If another person has legal authority to act on your behalf, such as a legal guardian or an individual holding an appropriate power of attorney, that person may exercise your rights regarding your health information after their authority has been verified.

File a Privacy Complaint. You have the right to file a complaint if you believe your privacy rights have been violated. You will not be retaliated against or denied services for filing a complaint.

YOUR CHOICES

In certain situations, you may tell me how you would like your information shared. This may include sharing relevant information with a family member, close friend, caregiver, or another person involved in your care or payment for your care.

If you are unable to communicate your preference, information may be disclosed when permitted by law and when disclosure is reasonably believed to be in your best interest or necessary to address a serious and imminent threat to health or safety.

Except as otherwise permitted or required by law, your written authorization is generally required for:

- Marketing purposes;

- The sale of your health information; and
- Most uses or disclosures of psychotherapy notes, if I maintain psychotherapy notes as that term is defined by HIPAA.

I do not sell your PHI.

Fundraising. I do not currently use your PHI for fundraising purposes. If this practice changes, you will be provided an opportunity to opt out of fundraising communications as required by law.

HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment

I may use your health information to provide, coordinate, or manage your treatment. When permitted by law, information may also be shared with other healthcare professionals involved in your care.

Payment

I may use or disclose health information as necessary to bill and receive payment for services, including communication with health insurance companies, payment processors, or other entities involved in payment for your care.

Healthcare Operations

I may use or disclose health information as reasonably necessary to operate my practice, maintain records, improve services, comply with professional and legal requirements, and conduct other healthcare operations permitted by law.

Appointment Reminders and Treatment Information

I may use your contact information to provide appointment reminders or communicate information regarding treatment, services, or care.

Public Health and Safety

I may disclose health information when permitted or required by law for public health or safety purposes, including reporting suspected abuse or neglect and responding to circumstances involving a serious threat to health or safety.

Required by Law

I may use or disclose health information when required by federal or Idaho law.

Health Oversight

Information may be disclosed to authorized health oversight agencies for activities such as audits, investigations, inspections, or professional licensing matters when permitted or required by law.

Legal Proceedings

Health information may be disclosed in response to a valid court order, subpoena, or other lawful legal process when disclosure is permitted or required by applicable law. Additional protections may apply to certain mental health or substance use disorder records.

Law Enforcement, Workers' Compensation, and Government Functions

Information may be disclosed for certain law enforcement, workers' compensation, governmental, or other legally authorized purposes when the requirements of applicable law are met.

Coroners, Medical Examiners, and Funeral Directors

Health information may be disclosed to a coroner, medical examiner, funeral director, or other authorized individual when permitted or required by law.

Organ and Tissue Donation

Health information may be disclosed to organ procurement organizations or other entities involved in organ, eye, or tissue donation when permitted by law.

Research

Health information will only be used or disclosed for research when permitted by applicable law and when required privacy protections have been satisfied.

PSYCHOTHERAPY NOTES

If I maintain separate psychotherapy notes as defined by HIPAA, those notes receive additional privacy protections. Most uses or disclosures of psychotherapy notes require your written authorization, except in limited circumstances permitted or required by law.

SUBSTANCE USE DISORDER RECORDS

If I create or maintain substance use disorder patient records that are subject to **42 CFR Part 2**, those records receive additional federal confidentiality protections.

When applicable, additional restrictions may apply to the use and disclosure of these records, and your written consent may be required for certain disclosures. Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you unless specifically permitted by applicable law, including through your written consent or an appropriate court order.

If Part 2 applies to your records, you may have additional rights regarding those records under federal law.

MY RESPONSIBILITIES

I am required by law to:

- Maintain the privacy and security of your Protected Health Information;
- Provide you with this Notice describing my legal duties and privacy practices;
- Follow the privacy practices described in the Notice currently in effect; and
- Notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.

I will not use or disclose your information in ways not described in this Notice unless you provide written authorization or the use or disclosure is otherwise permitted or required by law.

If you provide written authorization for a use or disclosure, you may revoke that authorization in writing at any time, except to the extent that action has already been taken in reliance on your authorization.

CHANGES TO THIS NOTICE

I may change the terms of this Notice, and any changes may apply to health information already maintained as well as information received in the future. The current Notice will be available upon request and will be made available electronically or on my practice website, if applicable.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice, would like to exercise one of your privacy rights, or believe your privacy rights have been violated, you may contact:

Tyler D. Moulton, LCSW

Phone: (208) 420-3439

Email: tylerdmoultonlcsw@outlook.com

You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights**, 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling **1-877-696-6775**.

You will not be retaliated against or denied services for filing a privacy complaint.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received a copy of the **Notice of Privacy Practices** for Tyler D. Moulton, LCSW.

My signature acknowledges receipt of this Notice and does not indicate that I agree to any particular use or disclosure of my health information.