



Big Sky Mobile Outpatient Therapy
108 North 2nd Street, Hamilton, MT 59840
P: 406-201-1248 F: 406-215-9002

HIPAA POLICY NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Treatment means providing, coordinating, or managing health care and related services, by one or more health care providers. An example of this would include a physical examination.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.

Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

Use and disclosure of health information: Harp Occupational Therapy and Wellness, LLC, d/b/a Big Sky Mobile Outpatient Therapy uses and discloses health information about you for treatment, payment, and healthcare operations. You may give us written authorization to use or disclose your health information to anyone for any purpose. If you give us such a written authorization you may give us a written revocation of this request at any time. However, this revocation will not affect any of the use or disclosure of your health information that was done while your authorization was in effect. Unless you give us the written permission, we cannot use or disclose any of your health information outside of the description of this document. We may disclose your health information to you, as described in patients' rights. We may disclose your health information to friends or family members but only if you agree to us doing so. We may disclose or use your health information to notify or assist in notifying a family member or another representative of your location, general condition, or death. If you are present, we will provide an opportunity to object to such uses or disclosures of your health information. If you are incapacitated or under emergency circumstances, we will use our professional and clinical judgment and only disclose information related to the person involved in your care. Your health information will be used or disclosed when required by law. We may also disclose your health information to appropriate authorities if we have reasonable belief you are a possible abuse, neglect, domestic violence victim or a possible victim of another type of crime. We may disclose your health information to avert a serious threat to your health or safety or the health and safety of others. We may use or disclose your health information to provide you with appointment reminders, and we may contact you about treatment alternatives or other health-related benefits and services that may be of



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interest to you. We may create and distribute de-identified health information by removing all references to individually identifiable information. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to view or receive a copy of your health information with limited exceptions. You must make a written request to do so by writing and sending a letter to Harp Occupational Therapy and Wellness, LLC, d/b/a Big Sky Mobile Outpatient Therapy. Contact information is at the bottom of this page. You will be charged a reasonable fee for expenses such as copies and staff time. If you request copies, you may be charged \$.25/printed page plus \$10 to locate, copy, and compile your health information. If you request an alternative format of your health information an additional reasonable fee will be applied to complete your request.
- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosure to family members, other relative, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction, particularly if it is an emergency. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information and it must explain why the amendment should occur. We may deny your request under certain circumstances.
- The right to obtain a paper copy of this notice from us upon request.

If you desire to have more information about our privacy policies, please contact Harp Occupational Therapy and Wellness, LLC, d/b/a Big Sky Mobile Outpatient Therapy.

This notice is effective as of May 1, 2019, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you have made to amend, to restrict the use, or to disclose your health information, you may complain to us. You may also submit a written complaint to the United States Department of Health and Human Services. We will provide you with the address to the United States Department of Health and Human Services upon request. We support your rights and privacy in regards to your health information and we will not retaliate in any way if you choose to file a complaint with the United States Department of Health and Human Services. Please review this information carefully and sign that you have received a copy of this policy and understand its content.

Contact Name: Jenna Meservy, owner of Harp Occupational Therapy and Wellness, LLC, d/b/a Big Sky Mobile Outpatient Therapy

Address: 108 North 2nd Street, Hamilton, MT 59840

Phone Number: 406-201-1248

Email: jenna@bigskymot.com