

Moontree Psychotherapy Center, LLC

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.

Moontree Psychotherapy Center, LLC is required by law to maintain the privacy of your health information. We are also required to provide you with a notice that describes our legal duties and privacy practices and your privacy rights with respect to your health information. We will follow the privacy practices described in this notice. If you have any questions about any part of this Notice or if you want more information about our privacy practices, please contact *Privacy Officer, 401 Wisconsin Avenue, Madison WI 53715*.

We reserve the right to change the privacy practices described in this notice in the event that the practices need to be changed to be in compliance with the law. We will make the new notice provisions effective for all the protected health information that we maintain. If we change our privacy practices, we will have them available upon request. It will also be posted at the location of service and on our website at <http://www.moontreecenter.com>

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

For Treatment. We may use or disclose your health care information in the provision, coordination or management of your health care. For example one mental health practitioner may ask another for consultation about your care. Our communications to you may be by telephone, cell phone, e-mail, patient portal, or by mail.

Payment. We may use or disclose your health care information to obtain payment for your health care services. For example, we may use your information to send a bill for your health care services to your insurer.

Health Care Operations. We may use or disclose your health care information for activities relating to the evaluation of care, evaluating the performance of health care providers, business planning and compliance with the law. If the activities require disclosure outside of Moontree Psychotherapy Center, LLC, we will request your authorization before disclosing that information.

How We May Use or Disclose Your Health Information Without Your Written Authorization

The following categories describe the ways that we may use and disclose your health information without your authorization.

1. **Required by Law.** We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose medical information to report child abuse or to respond to a court order.
2. **Public Health.** We may release your health information to local, state or federal public health agencies subject to the provisions of applicable state and federal law for reporting communicable diseases, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to medications to the Food and Drug Administration.
3. **Victims of Abuse, Neglect or Violence.** We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.
4. **Health Oversight Activities.** We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.
5. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of an administrative or judicial proceeding in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.
6. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes. Under some limited circumstances we will request your authorization prior to permitting disclosure.
7. **Coroners and Medical Examiners.** We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the cause of death.
8. **Research.** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct medical research which may involve an assessment of whether a certain treatment is working better than another.
9. **To Avert a Serious Threat to Health or Safety.** We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety and/or to the target of the threat.
10. **Specialized Government Functions.** Under certain and very limited circumstances, we may disclose your health care information for military, national security, or law enforcement custodial situations.

11. **Workers' Compensation.** Both state and federal law allow the disclosure of your health care information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.
12. **Health Information.** We may use or disclose your health information to provide information to you about treatment alternatives or other health related benefits and services that may be of interest to you.
13. **Caregivers.** We are permitted to release your information to your spouse, parent, adult child, or sibling if they are directly involved in your care. Without your permission this information is limited to: a summary of diagnosis and prognosis, a list of medication, and a copy of your treatment plan. Alcohol and drug treatment records can NOT be released under this provision.

When Moontree Psychotherapy Center, LLC is Required to Obtain an Authorization to Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purpose of psychotherapy, marketing and the sale of protected health information require your authorization. If your provider intends to engage in fundraising, you have the right to opt out of receiving such communications. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

Your Health Information Rights

1. **Inspect And Copy Your Health Information.** You have the right to inspect and obtain a copy of your health care information. You have the right to request that the copy be provided in an electronic form or format. If the form and format are not readily producible, then we will work with you to provide it in a reasonable electronic form or format. For example, you may request a list of dates when you received services in PDF format on a CD. This right of access does not apply to psychotherapy notes, which are maintained for the personal use of a mental health professional. Your request for inspection or access must be submitted in writing to *Privacy Officer, 401 Wisconsin Avenue, Madison WI 53715*. We may charge you a reasonable fee to cover our expenses for copying your health information.
2. **Request To Correct Your Health Information.** You have a right to request that we amend your health information that you believe is incorrect or incomplete. For example, if you believe the date of your first visit is incorrect; you may request that the information be corrected. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to *Privacy Officer, 401 Wisconsin Avenue, Madison WI 53715*. You must also provide a reason for your request.
3. **Request Restrictions on Certain Uses and Disclosures.** You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. We are not required to agree in all circumstances to your requested restrictions. However, we

must comply with your request to refrain from billing your insurance or health plan if the services are paid in full out-of-pocket. If you would like to make a request for restrictions, you must submit your request in writing to *Privacy Officer, 401 Wisconsin Avenue, Madison WI 53715*.

4. **Receive Confidential Communications Of Health Information.** You have the right to request that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests. To request confidential communications, you must submit your request in writing to *Privacy Officer, 401 Wisconsin Avenue, Madison WI 53715*.
5. **Receive A Record Of Disclosures Of Your Health Information.** You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting to *Privacy Officer, 401 Wisconsin Avenue, Madison WI 53715*. Accounting Request Forms are available from our office or the Privacy Officer. The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.
6. **Obtain A Paper Copy Of This Notice.** You may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. To obtain a paper copy of this Notice, ask your provider or send your written request to *Privacy Officer, 401 Wisconsin Avenue, Madison WI 53715*.
7. **Notified of a Breach.** We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
8. **Complaint.** If you believe your privacy rights have been violated, you may file a complaint with *Privacy Officer, 401 Wisconsin Avenue, Madison WI 53715*. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. **We will not retaliate against you for filing a complaint.**

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact *Privacy Officer, 401 Wisconsin Avenue, Madison WI 53715*.

Effective Date of This Notice: January 13, 2014