

BIG SKY PSYCHIATRY

2620 Colonial Dr, Ste B, Helena, MT 59601
Phone 406-204-2151 Fax 406-204-2151

NOTICE OF PRIVACY PRACTICES AND POLICIES, EFFECTIVE 1/18/21

AS REQUIRED BY FEDERAL LEGISLATION, THIS NOTICE DESCRIBES HOW HEALTHCARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice applies to all of the paper and electronic records of your care maintained by Big Sky Psychiatry, PLLC, whether created by clinicians or staff members of Big Sky Psychiatry, PLLC, or records acquired from outside resources such as other clinicians involved in your care and laboratory reports.

WAYS THE PRACTICE MAY USE AND DISCLOSE YOUR INFORMATION

The following categories describe ways that we may use and share your confidential information. Confidential information includes Protected Health Information (PHI) (information that could be used to identify you). Not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories.

A. DISCLOSURES WHICH REQUIRE AUTHORIZATION

Psychotherapy notes are handled separately under HIPAA and have additional protections. Specifically, the regulations state that in most instances a practice must obtain an authorization for any use or disclosure of psychotherapy notes. No authorization is needed to carry out treatment, payment, healthcare operations, or the uses listed in routine situations. All other circumstances require a valid authorization from you for use and disclosure.

Confidential information may be released for payment and healthcare operations only to health insurance plans and their agents, as well as business associates of the practice. The definition of a health insurance plan does not include life insurance companies, automobile insurance companies, or workers' compensation carriers. These are ***not*** covered under HIPAA. If you would like information submitted to one of these companies, an authorization will be required, unless it is already mandated by state or federal law.

B. ROUTINE SITUATIONS

- 1. For Treatment:** We may use information about you in order to provide you with proper medical treatment or services. Treatment is when we provide, coordinate, or manage your healthcare and other services related to your healthcare. An example of treatment is when we consult with another healthcare provider, such as your primary care physician.
- 2. For Payment:** We may use and disclose information about you so that the treatment and services you receive may be billed and payment can be collected from you, an insurance company, or a third party (including a collection agency if necessary). For example, we may give your health insurance plan information about services you received at the practice, so your health insurance can pay the practice or reimburse you for the services. We may also tell your health insurance

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plan about a treatment you are going to receive, in order to obtain prior approval or determine if your plan will cover the treatment.

3. **For Healthcare Operations:** We may use and share information about you for administrative functions necessary to run our practice and promote quality care. We may share information with business associates who provide services necessary to run the practice, such as transcription companies or billing services. We will contractually bind these third parties to protect your information as we would. Also, we may permit your health insurance plan or other providers to review records that contain information about you to assist them in improving the quality of service provided to you.
4. **Communicating with You and Others Involved in Your Care:** Our practice may contact you to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. In certain situations, we may share information about you with a friend or family member who is involved in your care or payment for your care unless you have requested that such disclosures not occur and we have agreed. Information disclosed will be directly relevant to such person's involvement with your care or payment related to your care. Whenever possible, this person will be identified by you. However, in emergencies or other situations in which you are unable to indicate your preference, we may need to share information about you with other individuals or organizations to coordinate your care or notify your family.

C. SPECIAL SITUATIONS

1. **As Required By Law:** We will disclose information about you when required to do so by federal, state or local law. For example, we may release information about you in response to a valid court subpoena.
2. **Health Oversight Activities:** We may disclose information to a health oversight agency for activities authorized by law. For example, these oversight activities include: audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.
3. **To Avert Serious Threat to Health or Safety:** We may disclose your confidential mental health information to any person without authorization if we reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual. These disclosures may be to law enforcement officials to respond to a violent crime or to protect the target of a violent crime. For example, threats of harming another individual may be reported to appropriate authorities or potential victim(s).
4. **Worker's Compensation:** If you file a worker's compensation claim, with certain exceptions, we must make available at any stage of the proceedings, all PHI information in our possession that is relevant to that particular injury in the

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opinion of the Montana Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries *upon request*.

5. **Public Health Risks:** We may disclose information about you for public health activities. These activities generally include, but are not limited to, the following:
 - a. To prevent or control disease, injury, or disability
 - b. To report abuse or neglect of a child, adult who appears vulnerable, or developmentally disabled person
 - c. To report reactions to medications or problems with products
 - d. To notify people of recalls of products they may be using
 - e. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

6. **Law Enforcement:** We may release information about you if asked to do so by a law enforcement official:
 - a. In response to a court order, subpoena, warrant, summons, or similar process
 - b. To identify or locate a suspect, fugitive, material witness, or missing person
 - c. If you are suspected to be a victim of a crime, generally with your permission
 - d. About a death we believe may be the result of criminal conduct
 - e. About criminal conduct at our office
 - f. In emergency circumstances involving a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime

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YOUR RIGHTS AS A PATIENT

In addition to provisions by the practice to protect your confidential information, you are entitled to six (6) specific rights related to your privacy as a patient:

- 1. You have the right to request restrictions on certain uses and disclosures.** You have the right to request a restriction or limitation on the use and sharing of information about you for treatment, payment, administrative functions, or with individuals involved in your care. To request restrictions, you must make your request in writing to us. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want it to apply. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- 2. You have the right to receive confidential communications.** You have the right to request that we communicate with you in a certain way or at a certain location. To request confidential communications, you must make your request in writing to us. Your request must specify how or where you wish to be contacted. We will seek to accommodate all requests that are consistent with patient privacy and our office procedures.
- 3. You have the right to inspect and obtain copies.** You have the right to review and obtain copies of information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does **not** include psychotherapy notes, information compiled in reasonable anticipation of a legal action or proceeding; and confidential information related to certain laboratory tests under Clinical Laboratory Improvement Amendments (CLIA). To inspect and/or obtain a copy of information that may be used to make decisions about you, you must submit your request to us in writing. You may be charged a fee for the costs of printing, mailing or other supplies associated with your request. We may deny your request to inspect and copy information if we have determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to or endanger the life or physical safety of you or another person. If you are denied access, you may request a review of the denial by another licensed physician. We will comply with the outcome of the review.
- 4. You have the right to amend confidential information.** If you feel that the information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request and a reason that supports your request must be made to us in writing. We may deny your request if you ask us to amend information that:

 - a. Was not created by our practice
 - b. Is not part of the information kept by or for our practice
 - c. Is not part of the information which you would be permitted to inspect and copy
 - d. Is accurate and complete

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- 5. You have the right to receive an accounting of disclosures of confidential information.** You may ask to receive an accounting of certain disclosures made about you that were not related to the routine uses listed above. To request this list or accounting of disclosures, you must submit your request to us in writing. Your request must state a time period that may not be longer than six (6) years and indicate in what format you want the list (for example on paper or in an electronic file). The first list you request will be free. For additional lists, we may charge you the cost of providing the list. Disclosures do not have to be listed when those disclosures are:
- a. To carry out treatment, payment and healthcare operations
 - b. To individuals of confidential information about them
 - c. As a result of assigned authorization
 - d. For the practice's directory or to persons involved in your care
- 6. You have the right to obtain a paper copy of this Notice upon request.** Even if you have received an electronic copy, we will provide you with a paper copy of this Notice at your request.

OUR PRACTICE'S DUTIES

In addition to your rights as a patient, our practice has duties to protect your confidential information and inform you of changes to protection measures. We are required by law to maintain the privacy of confidential information and provide you with notice of our legal duties and privacy practices with respect to such information. We are required to abide by the terms of this Notice currently in effect.

CHANGES TO THIS NOTICE

We reserve the right to revise or change provisions of this Notice. We will make the new Notice provisions effective for all confidential information we maintain. We will promptly revise and make available via our Patient Portal our Notice whenever there is a change to the uses or disclosures, your rights, our duties, or other privacy practices stated in this Notice. The Notice will contain the effective date on the top of first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us via the Privacy Officer listed below or with the Secretary of Health and Human Services. All complaints must be submitted or verified in writing. You have specific rights under the Privacy Rule. You will not be penalized for filing a complaint.

OTHER USES OF INFORMATION

Other uses and disclosures of information not covered by this notice or the laws that apply to our practice will be made only with your written permission. If you provide our practice with specific permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are

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unable to take back any disclosures that have already been made with your permission and that we are required to retain our records of the care that we provided to you.

PRIVACY OFFICER

Leonard Lantz, MD is the privacy officer for our practice. You may contact him with questions or comments by telephone at 406-204-2151, or by mail to:

Leonard Lantz, MD
2620 Colonial Dr, Ste B
Helena, MT 59601

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

We are required to provide you with a copy of this Notice and document your receipt. Please fill out an Acknowledgement of Receipt of Notice of Privacy after reviewing this Notice. You may contact us with questions or comments by telephone at 406-204-2151, or by mail to:

Leonard Lantz, M.D.
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NOTICE OF OFFICE POLICIES AND PROCEDURES, *EFFECTIVE 10/1/19*

PURPOSE OF THIS INFORMATION

In order for us to provide the best care possible, we want our patients to have as much pertinent information as possible. If you have any questions or concerns about the healthcare or business practices of this office, please feel free to discuss them with us.

PRIVACY AND RELEASE OF INFORMATION

Please refer to our current Notice of Privacy Practices and Policies.

EMERGENCY CONTACT

Messages left on voicemail are retrieved regularly and calls are returned as soon as possible. If you need more rapid attention for your own or someone else's safety, do not delay while waiting for us to return your telephone call. *Please call 9-1-1 or report to the nearest hospital emergency room.*

PATIENT RECORDS

Please refer to our current Notice of Privacy Practices and Policies.

SECURITY PROCEDURES

We take precautions to prevent access and disclosure of patient information to unauthorized personnel. We require our business associates to abide by all applicable privacy regulations.

INSURANCE BENEFITS AND PATIENT RESPONSIBILITY FOR FEES

Only your health insurance plan can describe your benefits to you or verify provider eligibility. We may help you obtain this information from your health insurance plan, but you must contact the health insurance plan directly for verification. If charges are denied by a health insurance plan they become entirely your responsibility, even if you had understood from your health insurance plan that the charges would be paid by them.

OUR FEES

We are happy to answer any questions you may have regarding the cost of your treatment.

FEES AND PAYMENT

Payment for charges not covered by your health insurance plan (including co-payment, co-insurance, and deductible amount) is due in full at the time services are provided unless prior arrangements have been made.

MISSED APPOINTMENTS

If you do not keep your scheduled appointment, you will be charged a no-show fee of \$75. This fee is your responsibility. It is not covered by health insurance and is not an eligible expense for health savings accounts or flexible spending accounts.

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If you cancel your appointment with less than 24 hours' notice, you may be charged the no-show fee.

UNPAID BILLS

It is important that you discuss with us any financial hardship that you may have. Doing so may allow us to arrive at a mutually agreeable payment plan that allows the continuation of your treatment. If this cannot be accomplished, delinquent accounts may be referred to a collection agency and we may have to terminate our relationship as provider and patient. Information necessary to effect collection will be released to the collection agent. Should it become necessary to file suit in this context, you agree to pay reasonable attorney fees. A service fee of 1.5% will be charged on balances more than thirty (30) days past due.

BREACHES IN THE DUTY OF THE PATIENT

Certain patient behaviors may interfere with treatment. We take missed appointments very seriously. Missed appointments may also include late cancellations and late arrivals for appointments. If you must cancel an appointment, please notify us as soon as possible. Failure to keep scheduled appointments may result in your being discharged from our care. Other reasons for termination of care may include, but are not limited to:

1. If it is clear to us that you have willfully provided inaccurate information to us.
2. Threatening or abusive behavior toward staff members of Big Sky Psychiatry.
3. Failure to reply to our attempts at communication (via telephone, US Postal Service or the Patient Portal).
4. Failure to follow treatment recommendations that are necessary to preserve health and safety.

GRIEVANCE PROCEDURES AND COMPLAINTS

If you have any questions or concerns about administrative or business matters in this office, please discuss them with us.

If you have any questions or concerns about your treatment, you are encouraged to discuss them with us. You may also contact your health insurance plan or behavioral health benefit manager, who may direct you to other avenues to address your concern.