

Notice of Privacy Practices

AVANTI MENTAL HEALTH

1323 Ammon Park Drive

Ammon, Idaho 83406

Kirsten Griggs 208-534-5447

EFFECTIVE AS OF JANUARY 1, 2025.

NOTICE OF PRIVACY PRACTICES

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

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Provide information on options for sending and receiving information from this organization and how to opt out of specific types of communication.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or the complete information to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in defending myself in legal proceedings instituted by you.

- c. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - d. Required by law and the use or disclosure is limited to the requirements of such law.
 - e. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - f. Required by a coroner who is performing duties authorized by law.
 - g. Required to help avert a serious threat to the health and safety of others.
2. I will not use or disclose your PHI for marketing purposes nor I will sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
8. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
9. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. With your consent or a signed release of information, I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care. Consent is NOT needed in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full: You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You: You have the right to ask Avanti Mental Health to contact you in a specific way (for example, home or office phone) or to send mail to a different address and I will agree to all reasonable requests.
4. The right to opt out of certain forms of communication from this organization. (See paragraph below on electronic communication and text messaging compliance.)
5. The Right to See and Get Copies of Your PHI: You have the right to get an electronic or paper copy of your medical record. I will provide you with a copy of your record within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
6. The Right to Get a List of the Disclosures I Have Made: You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
7. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.

8. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

ELECTRONIC COMMUNICATION AND TEXT MESSAGING COMPLIANCE

Avanti Mental Health cannot ensure the confidentiality of any form of communication through electronic media including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, Avanti Mental Health will make every effort to protect your privacy and will accommodate requests to communicate through these channels. Please understand that these forms of communication are not considered secure communication methods. Avanti Mental Health will never share treatment notes, plans or diagnoses through these channels.

Text Messaging Consent and Compliance with TCR (The Campaign Registry): When you provide your phone number, you will be opted in to receive text messages and are consenting to receive appointment reminders, scheduling updates, and other limited administrative messages from Avanti Mental Health through this form of communication. You may opt out of text messaging at any time by replying "STOP." You can request assistance by replying "HELP" or by emailing us at kirsten@avantimentalhealth.com.

Message data rates may apply based on your phone plan. Your consent to receive text messages is not required to receive services.

Avanti Mental Health is not responsible for any charges, errors, or delays in SMS delivery or undelivered messages caused by your carrier or third-party service provider.

It is not appropriate to communicate about mental health emergencies through SMS messaging. If you are experiencing an emergency, please go to the nearest hospital for assistance.

Messaging Terms & Conditions:

You agree to receive informational messages (appointment reminders, account notifications, etc.) from Avanti Mental Health. Message frequency varies. Message and data rates may apply. For help, replyHELP or email us at kirsten@avantimentalhealth.com. You can opt out at any time by replying STOP. "

Mobile SMS Messaging Privacy Policy:

Information collected:

We may collect information, such as name, phone number, and email address.

Use of information collected:

We may use the information we collect to perform the services requested including billing, customer service, appointment reminders and other administrative requests.

Sharing of information collected:

We may share information we collect with payment processors, legal authorities, partners so that these service providers can perform their normal duties. We do not share, sell, rent, or trade any information provided with third parties for promotional purposes.

As a current or prospective customer, you understand that you can text us STOP at any time to opt out of receiving SMS text messages from us. You can text us HELP at any time to receive help.

You understand that the messaging frequency may vary. Messaging & data rates may apply.

Your mobile information will not be shared with any third parties/affiliates for marketing/promotional purposes. All policies are followed as per CTIA guidelines 5.2.1. At any time if you want your information to be removed, you can contact us via our email address or regular mail.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have read and understand the privacy practices stated above. You have the right to request a copy of HIPAA Notice of Privacy Practices at any time during your treatment.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.