

Ruth Patton, LCSW

Idaho Falls / Ammon, Idaho | 208-538-4040 | hello@ruthpatton.com | www.ruthpatton.com

EFFECTIVE DATE OF THIS NOTICE: 5/7/2026

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes how protected health information about you may be used and disclosed and how you can access this information. Please review it carefully.

I may periodically update this Notice. Any changes will apply to health information already on file with me, as permitted by law. If I make changes, I will update this Notice and make the current version available through my office, website, and/or client portal. You may request a paper copy at any time.

Purpose of This Notice

Your privacy is important to me. Under the Health Insurance Portability and Accountability Act of 1996, commonly known as HIPAA, you have rights regarding the use and disclosure of your protected health information, also called PHI. PHI is information that identifies you and relates to your past, present, or future physical or mental health condition, health care services, or payment for health care.

This Notice of Privacy Practices describes how I may use and disclose your PHI and describes your rights regarding your health information.

I maintain a clinical record related to your treatment. I may also keep psychotherapy notes, which are notes recorded by a mental health professional documenting or analyzing the contents of conversation during a private counseling session, group session, joint session, or family counseling session, and which are kept separate from the rest of the medical record. Psychotherapy notes receive special protection under HIPAA and generally require your written authorization before they are used or disclosed, except in limited circumstances permitted or required by law.

My Legal Responsibilities

I am required by law to:

- Maintain the privacy and security of PHI that identifies you.
- Provide you with this Notice of my legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you if a breach occurs that may have compromised the privacy or security of your unsecured PHI.
- Use or disclose PHI as required by law.

Your Rights About Your Protected Health Information

1. Right to Review and Copy

In general, other than psychotherapy notes, you have the right to see and obtain copies of PHI that is in my possession. Requests to review and/or obtain copies of your PHI must be made in writing.

I will provide you with a copy of your record or a summary of it within 30 days of receiving your request. There may be a reasonable fee for doing so. Under certain circumstances, I may deny your request. If I deny your request, I will give you the reason for the denial in writing.

2. Right to Amend

If you believe there is an error in your PHI or that important information has been omitted, you have the right to request a correction or addition to your record. Your request and the reason for the request must be made in writing.

You will receive a written response within 60 days of my receipt of your request.

3. Right to Request Restrictions on Health Information Disclosures

You have the right to ask me not to use or disclose certain health information. I will consider your request; however, there are uses and disclosures that I am legally required or permitted to make.

If I agree to your request, I will put those limits in writing and abide by them except in emergency situations or as otherwise required by law.

4. Right to Request Confidential Communications

You have the right to ask me to contact you in a specific way, such as at one phone number rather than another, or by an alternate method, such as email rather than regular mail. I will agree to reasonable requests that do not cause undue inconvenience.

5. Right to a Report of Health Information Disclosures

You have the right to ask for a list of certain disclosures of your PHI. This list will not include disclosures made for treatment, payment, or health care operations; disclosures you authorized; disclosures made directly to you; or certain other disclosures excluded by law.

I will respond to your request for an accounting of disclosures within 60 days of receiving the request. The list will include disclosures made in the last six years unless you request a shorter period. The list will include the date of the disclosure, the recipient of the information, a description of the information disclosed, and the reason for disclosure.

I will provide one accounting of disclosures per year at no cost. Additional requests within the same year may incur a reasonable charge.

6. Right to Request Restrictions for Out-of-Pocket Services

You have the right to request that I not disclose PHI to your health insurance plan for a service if the disclosure is for payment or health care operations and you have paid for that service out of pocket in full. If the request meets these requirements, I am required to honor it unless disclosure is otherwise required by law.

7. Right to Receive This Notice in Different Formats

You have the right to receive this Notice electronically, and you also have the right to request a paper copy.

My Use and Disclosure of Your Protected Health Information

I use and disclose your PHI for different reasons. Some uses or disclosures require your prior written authorization, and some do not. Below are categories of uses and disclosures, with examples.

Times When Your Permission Is Not Required

For Treatment

Your PHI may be used or disclosed by those involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services.

For example, I may consult with other licensed health care providers about client cases as part of professional consultation, training, or supervision. When possible, I make reasonable efforts to limit identifying information shared during consultation.

For Payment

Your PHI may be used or disclosed to bill and collect payment for services provided to you.

For example, I may need to provide your insurance company with information about your diagnosis, dates of service, type of service, or other treatment-related information so your insurance company can process payment for services.

For Health Care Operations

Your PHI may be used or disclosed to support business activities related to my practice, including quality assessment, licensing, legal services, accounting, billing, administrative services, and other business operations.

For example, I may share PHI with third parties that perform business activities on my behalf, such as electronic health record, billing, legal, accounting, or payment-processing services, provided that appropriate safeguards or business associate agreements are in place when required by law.

For Emergency Treatment

If you are experiencing a health crisis and are unable to communicate consent, I may disclose PHI as needed to secure appropriate treatment or emergency assistance.

When Required by Law

I may use or disclose PHI when required by state or federal law, and the use or disclosure will be limited to the relevant legal requirements.

For Public Health and Safety

I may disclose PHI for public health or safety purposes, including reporting suspected abuse or neglect of a child, elder, or vulnerable adult; preventing or reducing a serious threat to anyone's health or safety; or other public health activities required or permitted by law.

For Law Enforcement Purposes

I may disclose PHI for certain law enforcement purposes, including reporting crimes occurring on my premises or responding to lawful legal requests, as permitted or required by law.

For Lawsuits and Disputes

If you are involved in a lawsuit or legal dispute, I may disclose PHI in response to a court or administrative order.

I may also disclose PHI in response to a subpoena, discovery request, or other lawful process, but only as permitted or required by law. When legally appropriate, efforts may be made to notify you about the request or to obtain an order protecting the information requested.

To Coroners or Medical Examiners

I may disclose PHI to coroners or medical examiners when such individuals are performing duties authorized by law.

For Workers' Compensation

Although my preference is to obtain your permission when possible, I may disclose PHI as necessary to comply with workers' compensation laws.

For Health Oversight Activities

I may disclose PHI to health oversight agencies for activities authorized by law, including audits, investigations, inspections, licensure, disciplinary actions, or other oversight activities.

For Specialized Government Functions

I may disclose PHI for specialized government functions, such as military, national security, intelligence, protective services, or correctional institution purposes, as permitted or required by law.

Times When You Have the Opportunity to Object

I may disclose PHI to a family member, friend, or other person you identify as involved in your care or payment for your care, unless you object in whole or in part.

If you are unable to agree or object because of incapacity or emergency circumstances, I may disclose information if I determine that doing so is in your best interest. The opportunity to consent or object may be obtained retroactively when appropriate.

I may also share limited information in a disaster situation so your family, legal representative, or another person responsible for your care can be informed of your condition, status, or location.

Times When Your Written Permission Is Required

In any situation not described in this Notice, I will request your written authorization before using or disclosing your PHI.

In most circumstances, I must obtain your written authorization before:

- Using or disclosing psychotherapy notes.
- Using your PHI for marketing purposes.
- Selling your PHI.

I do not sell client information.

If you give written authorization to use or disclose your information, you may revoke that authorization at any time in writing. If you revoke authorization, I will no longer use or disclose that information for the purpose described in the authorization, except to the extent I have already relied on it.

Complaints

If you believe I have violated your privacy rights, you have the right to file a complaint with me in writing at hello@ruthpatton.com. If you prefer to submit a complaint by mail, you may request my current business mailing address by contacting me at 208-538-4040 or hello@ruthpatton.com

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

**U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201**

I will not retaliate against you for filing a complaint.

Acknowledgement of Receipt of Privacy Notice

By signing below, you acknowledge that you have received a copy of this Notice of Privacy Practices.