

Notice of Privacy Practices

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Kate Berry Wellness - Berrywell PLLC

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307 Spokane Avenue, Suite 203C, Whitefish, MT 59937

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI").

This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices.

I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website (if applicable), sending a copy to you in the mail upon request or providing one to you at your next appointment.

****HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This may include consultation with clinical supervisors (if applicable to my licensure status) or other health care professionals. I may disclose PHI to any other consultant only with your authorization.

For Payment. I may use and disclose PHI to obtain payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities, professional development activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or scheduling services) provided I have a written contract (Business Associate Agreement) with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes involving direct use of your identifiable PHI, this information will be disclosed only with your authorization.

Required by Law. Under the law, I must disclose your PHI to you upon your request (with limited exceptions). In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Without Authorization. Following is a list of categories of uses and disclosures permitted by HIPAA without your specific authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations.

- **Child Abuse or Neglect.** I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

- **Judicial and Administrative Proceedings.** I may disclose your PHI pursuant to a subpoena (often with your written consent or after you have been notified, depending on state law and the nature of the subpoena), court order, administrative order or similar process.
- **Deceased Patients.** I may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent or their involvement if you did not object. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is generally not protected under HIPAA.
- **Medical Emergencies.** I may use or disclose your PHI in a medical emergency situation to medical personnel when necessary to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.
- **Family Involvement in Care.** I may disclose information to close family members or friends directly involved in your treatment or payment for your care if you agree, or if you are given an opportunity to object and do not, or if, in my professional judgment, it is in your best interest.
- **Health Oversight.** If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- **Law Enforcement.** I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (often with your written consent or after you have been notified), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime (under certain circumstances), in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on my premises.
- **Specialized Government Functions.** I may disclose PHI for specialized government functions as required or permitted by law, such as to U.S. military command authorities if you have served as a member of the armed forces, or to authorized federal officials for national security and intelligence reasons, or to the Department of State for medical suitability determinations. Disclosures will be made in accordance with applicable law.
- **Public Health.** If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.
- **Public Safety.** I may disclose your PHI if I believe in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- **Research.** PHI may be disclosed for research purposes only after a special approval process by an Institutional Review Board or Privacy Board, or with your specific written authorization, or in other limited circumstances permitted by HIPAA.
- **Verbal Permission.** I may also use or disclose your information to family members or other persons directly involved in your treatment or payment for care with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted or required by applicable law will be made only with your written authorization, which you may revoke at any time, in writing, except to the extent that I have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes (which I maintain separately from the rest of your medical record); (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

****YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to me, Kate Berry, as the Privacy Officer, at the address listed in the "Complaints" section below.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set". A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is

compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes (which have different access rules). I may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy. Please contact me if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. I will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, I am required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

****COMPLAINTS**

If you have any questions about this Notice or my privacy practices, or if you believe your privacy rights have been violated, you may file a complaint.

To file a complaint with me: Please contact me in writing at the address below:

Kate Berry, LCSW

Kate Berry Wellness

307 Spokane Avenue, Suite 203C

Whitefish, MT 59937

406-290-9027

kate@kberrywellness.com

To file a complaint with the U.S. Department of Health and Human Services: You can file a complaint with the Secretary of the Department of Health and Human Services. Information on how to file a complaint can be found on the HHS website at www.hhs.gov/ocr/privacy/hipaa/complaints/ or by calling their office.

You will not be retaliated against for filing a complaint.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 05/26/2025

****ACKNOWLEDGEMENT OF RECEIPT**

"I acknowledge that I have received a copy of Berrywell PLLC/Kate Berry Wellness's Notice of Privacy Practices."