



Notice of Privacy Practices

This notice describes how psychological and medical information about you may be used and disclosed and how you can gain access to this information. Please review it carefully, and ask your provider any questions that you have.

Uses and Disclosures Requiring Authorization

RMH Therapy may use or disclose Protected Health Information (PHI) for purposes outside of treatment, payment, and healthcare operations when your appropriate authorization is obtained. An "authorization" is written permission about and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment, and healthcare operations, we will obtain an authorization from you before releasing this information outside of certain legal requirements. We will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes made about your therapy sessions, conversations in individual, group, joint, or family therapy sessions, phone calls, or emails.

Uses and Disclosures with Neither Consent or Authorization

RMH Therapy may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If your provider has reasonable cause to suspect that a child under the age of 18 has been abused or neglected, they are required by law to report that information to the state Department of Social Services.

Health Oversight: If your provider's licensing board or other oversight committee is conducting an investigation, they are required to disclose your records upon receipt of a subpoena from the Board.

Judicial Proceedings: If you are involved in a court proceeding and a request is made for information about your records, such information is privileged under the law. However, upon receipt of a signed court order, your provider must disclose the requested information. Your provider will attempt to contact you in advance of releasing your records. In addition, if your treatment is court-ordered, your provider may be required to release details of your treatment in compliance with the court order.

Serious Threat to Health or Safety: When your provider judges that a disclosure of confidential information is necessary to protect against clear and substantial risk of imminent harm being inflicted by you on yourself or another person, your provider may disclose this information to those persons who would address this problem (for example, local law enforcement or the potential victim).

Questions and Complaints

If you have questions about this notice, disagree with a decision your provider made about access to your records, or have other concerns about your privacy rights, you can contact your provider directly. You can also file complaints with the appropriate licensing board based on your location:



South Dakota Board of Examiners of Psychologists <https://dss.sd.gov/licensingboards/psych/psych.aspx>

Montana Board of Psychologists
<https://boards.bsd.dli.mt.gov/psychologists/>

North Dakota State Board of Psychologist Examiners
<http://ndsbpe.org/index.html>

Florida Board of Psychology
<https://floridaspsychology.gov/>

Under no circumstances will you be penalized or retaliated against for filing a complaint.

This policy may be updated or changed as needed. You will receive a copy if the policy is updated while you are under the care of RMH Therapy.

By signing below, you acknowledge that you have read, agree to, and will abide by the RMH Therapy Privacy Policies.

Client Name (print): _____ Date: _____

Legal Guardian (if applicable): _____ Relationship: _____

Client/Guardian Signature: _____