Be My Neighbor Counseling

Notice of Privacy Practices

HIPAA Privacy Information for Counseling Clients

Phone: 406-414-7011 | Email: bemyneighborcounseling@gmail.com

Effective Date: _____

This Notice describes how health information about you may be used and disclosed and how you can access this information. Please review it carefully and ask questions if anything is unclear.

Our Commitment to Your Privacy

Be My Neighbor Counseling is committed to protecting the privacy of your protected health information (PHI) and using or disclosing it only as permitted or required by applicable law. This notice is intended to explain your general privacy rights and the circumstances in which information may be used or disclosed.

How We May Use or Disclose Your Information

Treatment

Information may be used or disclosed as needed to provide, coordinate, or manage your healthcare. For example, with appropriate authorization when required, information may be shared with another provider involved in your care.

Payment

Information may be used or disclosed as necessary to obtain payment for services, when applicable.

Healthcare Operations

Information may be used for activities such as quality improvement, supervision, training, compliance, and administrative operations, subject to applicable law and professional requirements.

Required by Law

Information may be disclosed when federal, state, or local law requires disclosure.

Public Health and Safety

Certain disclosures may be permitted or required for public health activities, serious threats to health or safety, abuse or neglect reporting, or other legally recognized purposes.

Legal Proceedings

Information may be disclosed in response to a valid court order, subpoena, or other legal process when the applicable legal requirements are met.

Limits of Confidentiality

Counseling information is generally confidential, but confidentiality is not absolute. Exceptions may include circumstances involving serious and imminent threats to safety, suspected abuse or neglect when reporting is legally required, valid legal process, medical emergencies, supervision/consultation, or other disclosures permitted or required by law. Specific requirements vary by jurisdiction.

Your Privacy Rights

☐ Request access to your health information, subject to applicable law.

☐ Request a correction or amendment of information you believe is inaccurate or incomplete, subject to applicable law.

☐ Request restrictions on certain uses or disclosures of your information. Requests may not always be accepted.

☐ Request confidential communications by alternative means or at alternative locations when legally available.

☐ Receive a paper or electronic copy of this Notice, as applicable.

☐ Ask questions about how your information is handled.

☐ File a privacy complaint without retaliation for making a good-faith complaint.

Electronic Communication

Email and text messaging may carry privacy and security risks. These methods should be used for brief scheduling or administrative communication rather than emergencies or highly sensitive clinical information. The practice will use its designated EHR and communication systems as appropriate.

Changes to This Notice

This notice may be revised when practices, laws, or operational requirements change. The current version will be made available to clients.

Questions or Privacy Concerns

Contact: 406-414-7011 | bemyneighborcounseling@gmail.com

You may also have the right to contact the appropriate federal or state privacy/regulatory authority if you believe your privacy rights have been violated.

Client Acknowledgment

☐ I have received or been provided access to this Notice of Privacy Practices.

☐ I understand that this Notice describes general privacy practices and that applicable law controls if there is a conflict.

☐ I have had an opportunity to ask questions.

Client Name: _____

Client Signature: _____

Date: _____

Supervision Information

I am currently a graduate student in a Mental Health Counseling program and provide services under clinical supervision. My supervisor's information is listed below.

Clinical Supervisor:	Onnie Michalsky
Professional License:	MA, EdS, LCPC, NCC
License Number:	LIC#38831
Supervising Organization/Practice:	DBA Mom’s Without Capes onnie@momswithoutcapes.com