

Notice of Privacy Practices

SHIFT HAPPENS INTEGRATIVE PSYCHOTHERAPY, INC

(Telehealth) Blackfoot, ID 83221

PHONE: 208-973-2745

FAX 208-534-5700

EFFECTIVE DATE OF THIS NOTICE This notice went into effect on February 16, 2026

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. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that health information about you and your health care is personal. We are committed to protecting the privacy of your health information. We create and maintain records of the care and services you receive from us. These records are necessary to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all records of your care generated by this mental health practice. It explains:

How we may use and disclose your health information;

Your rights with respect to the health information we maintain about you; and

Our legal duties regarding the use and disclosure of your health information.

We are required by law to:

Maintain the privacy of your protected health information (PHI);

Provide you with this Notice of our legal duties and privacy practices; and

Follow the terms of the Notice currently in effect.

We reserve the right to change the terms of this Notice. Any changes will apply to all PHI we maintain about you. An updated Notice will be available upon request, in our office, and on our website.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways we may use and disclose health information. Not every possible use or disclosure is listed, but all permitted uses and disclosures fall within these categories.

A. For Treatment, Payment, and Health Care Operations

Federal privacy laws allow health care providers who have a direct treatment relationship with a patient to use or disclose PHI without written authorization to carry out treatment, payment, and health care operations.

Examples include:

Providing, coordinating, or managing your mental health care;

Consulting with other licensed health care providers;

Submitting claims for payment to insurance companies;

Conducting quality assessment and improvement activities.

Disclosures for treatment purposes are not limited to the minimum necessary standard, because clinicians require access to full and complete information to provide quality care.

Important Note:

When substance use disorder records are protected by
42 CFR Part 2

, more restrictive federal confidentiality rules may apply. In those cases, we will follow Part 2 requirements unless you provide written consent or disclosure is otherwise permitted or required by law.

B. Lawsuits and Disputes

If you are involved in a legal proceeding, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena or lawful process if efforts have been made to notify you or to obtain an order protecting the information.

III. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

A. Psychotherapy Notes

We maintain psychotherapy notes as defined by federal law (45 CFR §164.501). Psychotherapy notes are kept separate from the medical record. Any use or disclosure of psychotherapy notes requires your written authorization, except when:

Used for your treatment;

Used for training or supervising mental health practitioners;

Used to defend ourselves in legal actions you initiate;

Required for health oversight activities;

Required by law;

Required by a coroner or medical examiner; or

Necessary to prevent a serious and imminent threat to health or safety.

B. Marketing

We do not use or disclose your PHI for marketing purposes.

C. Sale of PHI

We do not sell your PHI in the regular course of business.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to legal limitations, we may use or disclose PHI without your written authorization for the following purposes:

When required by federal or state law;

Public health activities (including reporting suspected abuse or neglect);

Health oversight activities (such as audits and investigations);

Judicial and administrative proceedings;

Law enforcement purposes;

Coroners and medical examiners;

Research activities, as permitted by law;

Specialized government functions;

Workers' compensation claims, as required by law;

Appointment reminders and information about treatment alternatives or health-related services we offer.

V. DISCLOSURES WHERE YOU HAVE THE OPPORTUNITY TO OBJECT

We may disclose PHI to a family member, friend, or other person involved in your care or payment for your care, unless you object. In emergency situations, your consent may be obtained retroactively.

VI. SPECIAL PRIVACY PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS (42 CFR PART 2)

Some information we maintain may relate to substance use disorder (SUD) assessment or treatment and may be protected by

42 CFR Part 2

, a federal law that provides heightened confidentiality protections.

If your records are protected by Part 2:

We may not use or disclose these records without your written consent, except as permitted or required by law;

These records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order issued after notice and an opportunity for you to object;

You have the right to receive additional information about how your SUD records are protected and how to revoke consent.

We do not use or disclose SUD records for fundraising purposes.

VII. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights with respect to your PHI:

1 Right to Request Restrictions

on certain uses and disclosures (we are not required to agree to all requests).

2 Right to Restrict Disclosure to Health Plans

for services you pay for out-of-pocket in full.

3 Right to Request Confidential Communications

by alternative means or locations.

4 Right to Inspect and Obtain Copies

of your medical records, except psychotherapy notes.

5 Right to Receive an Accounting of Disclosures

made for purposes other than treatment, payment, or operations.

6 Right to Request Amendments

to your PHI.

7 Right to Obtain a Paper or Electronic Copy

of this Notice at any time.

VIII. QUESTIONS OR COMPLAINTS

If you have questions about this Notice or believe your privacy rights have been violated, you may contact:

Privacy Officer

Jennifer Hawkins

PHONE: 208-973-2745

FAX 208-534-5700

You may also file a complaint with the U.S. Department of Health and Human Services. Filing a complaint will not result in retaliation.