

## YOUR HEALTH RIGHTS, CONT'D.

**Request to Correct Your Health Information:** You have a right to request that we amend your health information that you believe is incorrect or incomplete. We are not required to change your health information if the information was not created by us and the provider who created it is no longer available to make the amendment, or if the information we have is accurate and complete. If your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing. You must also provide a reason for your request.

**Request Restrictions on Certain Uses and Disclosures:** You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. You also have a right to request a limit on the medical information we disclosed about you to someone involved in your care or payment for your care, or for notification purposes, such as family member or friend. We are not required to agree in all circumstances to your requested restrictions, except in the case of a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the protected health information pertains solely to a health care item or service for which you, or the person other than health plan on your behalf, has paid the covered entity in full. If you would like to make a request for restrictions, you must submit your request in writing.

**Receive Confidential Communications of Health Information:** You have the right to request that we communicate your health information to you in different ways or places, for example, a written letter sent to a private address. We must accommodate reasonable requests. To request confidential communications, you must submit your request in writing.

**Receive a Record of Disclosures of Your Health Information:** You have the right to request a list of the disclosures of your health information that we have made in compliance with federal and state law. This does not include use or disclosure for treatment, payment or health care operations, or for our directory, to persons involved in your care or for notification purposes, for national security and intelligence purposes, or for certain disclosures to correctional institutions and law enforcement. To request this account of disclosures, you must submit your request in writing. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year.

**Obtain a Paper Copy of This Notice:** Upon your request, you may at any time receive a paper copy of this notice, and you may ask us to give you a copy of this notice at any time.

We will follow the privacy practices described in this notice. If you have any questions about any part of this Notice or if you want more information about our privacy practices, please contact us at (701) 323-0924 and ask to speak to the owner or office manager.

We reserve the right to change the privacy practices described in this notice in the event that the practices need to be changed for compliance with the law. We will make the new notice provision effective for all protected health information that we maintain. If we change our privacy practices, we will have them available upon request.

If you believe your privacy rights have been violated, you may file a complaint with us. We request that you file your complaint in writing so that we may better assist in the investigation of your complaint. You may also file a complaint with the Office of Civil Rights. There will be no retaliation against you in any way for filing a complaint.

# NOTICE OF PRIVACY PRACTICES

*effective January 1, 2024  
updated February 16, 2026*

This Notice describes how your protected health information may be used and disclosed and how you can obtain access to this information.  
Please review carefully.

**Chambers & Blohm  
Psychological Services  
Bismarck, ND**

## USE AND DISCLOSURE FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

The following categories describe the ways in which we are permitted to use your health information for treatment, payment, and healthcare operations without written authorization. These examples are not exhaustive, but are used to illustrate the types of uses or disclosures that may be made.

**Treatment:** We may use and disclose your protected health information to provide you with treatment and services and to coordinate and manage your health care and any related services. We may also provide health information about you to others who may be involved in your care. For example, we may provide information to physicians who become involved in your care to assist with diagnosis and treatment.

**Payment:** We may use or disclose your health care information to obtain payment for your health care services from an insurance company or third party. For example, we may provide information to your health plan or insurance company before it approves or pays for recommended health care services. We may also disclose medical information to other health care providers for their payment purposes.

**Health Care Operations:** We may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of providers, business planning, and compliance with the law. For example, we may use your information to determine the quality of care received.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services:** We may use and disclose health information to contact you to remind you that you have an appointment with us. We may also use and disclose health information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Research:** Under certain circumstances, we may use and disclose health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose health information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any health information.

## USE AND DISCLOSURE WITHOUT WRITTEN AUTHORIZATION

**Required by Law:** We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose medical information to report child abuse or to respond to a court order.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat (law enforcement).

**Business Associates:** We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Public Health:** We may release your health information to local, state or federal public health agencies subject to the provisions of applicable state and federal law for reporting communicable disease, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to the Food and Drug Administration (FDA). For example, we may report information to vital statistics.

**Victims of Abuse, Neglect or Violence:** We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence related to children or the elderly. In addition we may disclose information to an authorized agency if we believe you have been a victim of abuse, neglect or domestic violence.

**Health Oversight Activities:** We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

**Data Breach Notification Purposes:** We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information. **Legal Proceedings:** We may disclose your health information in a judicial or administrative proceeding, in response to a court order, and in certain cases in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement:** We may disclose protected health information under certain conditions to law enforcement in response to court orders or other legal process; to identify or locate a suspect, fugitive, missing person or witness; concerning crime victims; about a suspicious death that may have resulted from a crime; about criminal conduct on our premises; and to report a crime in medical emergency.

**Specialized Government Functions:** Under certain and very limited circumstances, we may disclose health information for military, national security or law enforcement custodial situations. **Inmates:** We may disclose health information about an inmate to a correctional institution or law enforcement officer as authorized by law.

**Inadvertent Use and Disclosure:** A use or disclosure of health information may occur as a result of, or as incident to, an otherwise permitted use or disclosure as long as the information being shared is limited to the minimum necessary pursuant to state and federal law.

## USE AND DISCLOSURE REQUIRING AUTHORIZATION

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures for marketing and the sale of protected health information require your authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

## YOUR HEALTH RIGHTS

**Inspect and Copy Your Health Information:** You have the right to inspect and obtain a copy of your health care information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. This information includes medical and billing records and other records that we use for making decisions about you. This right does not apply to psychotherapy notes, which may be maintained for the personal use of a mental health professional. Your request for inspection or access must be submitted in writing. In addition, we may charge you a reasonable fee to cover our expenses for copying your health information.

**Right to an Electronic Copy of Electronic Medical Records:** If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.