



NOTICE OF PRIVACY PRACTICES

Effective July 31, 2026

Your information. Your rights. My responsibilities.

This notice explains how your health information may be used and shared, how you can access it, and how to file a complaint. Please review it carefully.

Your Rights

You may contact Morgan Davis, MSW, LCSW to use any of these rights:

- Get an electronic or paper copy of your health record. Psychotherapy notes are generally excluded. I usually respond within 30 days and may charge a reasonable fee.
- Ask me to correct information you believe is wrong or incomplete. If I deny the request, I will explain why in writing, usually within 60 days.
- Ask me to contact you in a reasonable way or at a different address.
- Ask me to limit certain uses or disclosures. I am not always required to agree. If you pay in full out of pocket, you may ask me not to tell your health plan unless the law requires it.
- Ask for a list of certain disclosures made in the prior six years. The list does not usually include treatment, payment, operations, or disclosures you authorized.
- Receive a paper or electronic copy of this notice.
- Have a legally authorized person act for you after I verify that authority.
- File a complaint without retaliation if you believe your privacy rights were violated.

Your Choices

When the law allows, you may tell me whether I may share information with family, friends, or others involved in your care or payment. If you cannot tell me your preference, I may share information when professional judgment shows it is in your best interest or when needed to address a serious and imminent threat.

When Written Authorization Is Required

I will obtain your written authorization before most disclosures of psychotherapy notes or using or sharing information for marketing or sale. I do not sell your health information. You may revoke an authorization in writing, except for actions already taken.

How I May Use or Share Information

HIPAA permits or requires the following uses and disclosures without a separate authorization:

Treatment

To provide care and coordinate with other professionals treating you.

Payment

To bill you, your health plan, or another responsible payer.

Practice operations

To run the practice, supervise or consult, improve care, and contact you about appointments or services.

Health and safety

For legally authorized public-health activities, required reports of suspected abuse or neglect, or a serious threat to health or safety.

Law and oversight

When required by law or for authorized audits, licensing, investigations, workers' compensation, or health oversight.

Courts and government

In response to a valid legal order, subpoena, or lawful government request after required legal conditions are met.

Other permitted purposes

For approved research, coroners, medical examiners, funeral directors, or other purposes allowed by law.

Special Protections

Mental health and psychotherapy notes

Mental health information may have added protection under federal or Montana law. I will follow the more protective law when it applies. Psychotherapy notes are kept separate and usually require a separate authorization, except when disclosure is permitted or required by law.

Substance use disorder records

If I maintain records protected by 42 CFR Part 2, those records generally cannot be used against you in an investigation or legal proceeding without your written consent or a qualifying court order and subpoena.

My Responsibilities

- Protect the privacy and security of your health information.
- Tell you promptly if a breach may have compromised your information.
- Follow the notice currently in effect and give you a copy.
- Use or share information only as described here, as you authorize in writing, or as the law permits or requires.

Changes to This Notice

I may change this notice and apply the revised terms to all information I maintain about you. A revised notice will include a new effective date and will be available upon request, in the office, and on the practice website or client portal when applicable.

Questions and Complaints

Questions, record requests, privacy concerns, or complaints may be directed to:

Privacy Contact	Morgan Davis, MSW, LCSW
Address	Thorn to Thrive Therapy, LLC, 314 N. Last Chance Gulch, Suite 316, Helena, MT 59601
Phone	406-209-9680
Email	morgan.davis@thornstothrive.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint. I will not retaliate against you for filing a complaint.



ACKNOWLEDGMENT OF RECEIPT

Notice of Privacy Practices

Acknowledgment only

Signing below confirms that you received this Notice of Privacy Practices. It does not authorize additional disclosures, waive any privacy right, or mean that you agree with every use or disclosure described in the notice.

Client printed name: _____

Client signature: _____ Date: _____

Personal representative, if applicable: _____

Relationship/authority: _____ Date: _____

☐ Paper copy received ☐ Electronic copy received ☐ Client declined to sign

If the client declined or was unable to sign, document the good-faith effort to obtain acknowledgment:

Provider signature: _____ Date: _____