

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The following information includes the federal regulations that took effect as of April 14, 2003. Many of the items in this notification will not apply to you and the counseling environment. However, in order to be in compliance with the federal requirements, I am listing all of the information in this notification.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable protected health information (PHI) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. During the process of providing services to you, I will obtain and use mental health and medical information concerning you that is both confidential and privileged. Ordinarily this confidential information will be used in the manner that is described in this statement, and will not be disclosed without your consent, except for the circumstances described in this Notice.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

I. USES AND DISCLOSURES OF PHI

A. General Uses and Disclosures Not Requiring the Clients Consent. I will use and disclose PHI in the following ways:

- a. Treatment.** Treatment refers to the provision, coordination, or management of mental health care and related services by one or more health care providers. My procedure is to acquire a Release of Information (ROI) prior to the disclosure and/or to be sure that the provider has already obtained an ROI from you. Prior to the discussion I will obtain a Verbal Release from you. If I am not able to have a written Release from you prior to the discussion, I will ask you to sign one after the conversation. Once I have your ROI on file I may use your information to plan, treat or consult with other healthcare professionals concerning services needed/provided to you.
- b. Health Care Operations.** I may disclose your PHI to facilitate the efficient and correct operation of my practice. Examples: Quality control - I might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.
- c. Payment.** I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. Example: I might send your PHI to your insurance company or health plan in order to get payment for the health care services that I have provided to you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for my office. In my practice, I do not use business associates such as billing companies, claims processing companies or similar services. As such, this only applies to bill and collect from your insurance company. If you are covered by Medicaid, information may be provided to the State of Colorado's Medicaid program, including but not limited to your treatment, condition, diagnosis, and services received.
- d. Other disclosures.** Examples: Your consent isn't required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI. In the case of counseling, this will usually only apply to any time I would need to break confidentiality. Additionally, in the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.
- e. Contacting the Client.** I may contact you to remind you of appointments and tell you about treatments or other services that might be of benefit to you.

- f. Required by Law.** I will disclose PHI when required by law. This includes, but is not limited to: (a) reporting a reasonable suspicion of child abuse or neglect to the Department of Human Services or to law enforcement; (b) reporting a reasonable suspicion of elder abuse or dependent adult abuse; (c) when court ordered to release information and/or required by a search warrant lawfully issued by a law enforcement agency; (d) when there is legal duty to warn of a threat that a client has made of imminent physical violence, healthcare professionals are required to notify the potential victim of such a threat and report it to law enforcement; (e) when a client is imminently dangerous to herself/himself or others, or is gravely disabled, healthcare professionals may have a duty to hospitalize the client in order to obtain a 72-hour evaluation of the client; and (f) when required to report a threat to the national security of the United States; (g) providing your PHI in order to comply with Workers' Compensation laws.
- g. Health Oversight Activities.** I may be required to provide information to assist the government as well as government health care benefit programs, and regulatory programs for determining compliance with program standards.
- h. Crimes on the Premises.** If I observe crimes directed toward me or those staff operating on the premises, they will be reported to law enforcement.
- i. Business Associates.** Confidential healthcare information concerning you, provided to insurers or to plans for purposes or payment for services that you receive may be disclosed to business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, your PHI may be provided to those contractors as needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the PHI released to them.
- j. Research.** PHI concerning you may be used with your permission for research purposes if the relevant provisions of the Federal HIPPA privacy regulations are followed.
- k. Involuntary Clients.** Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers, and others, as necessary to provide the care and management coordination needed in compliance with Colorado law.
- l. Family Members.** Except for certain minors, incompetent clients, or involuntary clients, PHI cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However if you, the client, objects, your PHI will not be disclosed.
- m. Emergencies.** In life-threatening emergencies, I will disclose information necessary to avoid serious harm or death.
- n. Client ROI (Release of Information).** I will not use or disclose your PHI in any way without a signed ROI. When you sign an ROI it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent that I may have already taken action in reliance thereon.

II. YOUR RIGHTS AS A CLIENT. These are your rights with respect to your PHI:

- a. The Right to See and Get Copies of Your PHI.** In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. If I do not have your PHI, but I know who does, I will advise you how you can get it. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed. If you ask for copies of your PHI, I will charge you not more than \$.25 per page. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.
- b. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
- c. The Right to Choose How I Send Your PHI to You.** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience.
- d. The Right to Get a List of the Disclosures I Have Made.** You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to

corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

- e. **The Right to Amend Your PHI.** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (i) correct and complete; (ii) forbidden to be disclosed; (iii) not part of my records; or (iv) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.
- f. **The Right to Get This Notice by Email.** You have the right to request a paper copy of it, as well.

III. ADDITIONAL INFORMATION

- a. **Privacy Laws.** I am required by state and federal law to maintain the privacy of PHI. In addition, I am required by law to provide clients with notice of its legal duties and privacy practices with respect to PHI. That is the purpose of this notice.
- b. **Terms of the Notice and Changes to the Notice.** I am required to abide by the terms of this notice, or any amended notice that may follow. I reserve the right to change the terms of its notice and to make the new notice provision effective for all PHI that maintains. When the notice is revised, the revised notice will be posted in service delivery sites and will be available upon request.
- c. **Complaints Regarding Privacy Rights.** If you believe I have violated your rights, you have the right to complain to me concerning your complaint and the basis for it. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 515 HHH Bldg., Washington, D.C. 20201. It is my policy that there will be no retaliation for your filing such complaints.
- d. **Additional Information.** If you desire additional information about your privacy rights please ask me any questions that you may have.

IV. CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

- a. The confidentiality of alcohol and drug abuse patient records maintained by me is protected by federal law and regulations. Generally the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless: (i) The patient consents in writing; (ii) The disclosure is allowed by a court order; or (iii) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.
- b. Violation of the Federal Law and Regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.
- c. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Disclosure may be made concerning any threat made by a client to commit imminent physical violence against another person to the potential victim who has been threatened and law enforcement.
- d. Federal law regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

You have the right to file a formal, written complaint with me at the address below, or with the Department of Health and Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, please contact me (info above). For more information about HIPAA or to file a complaint: The U.S. Department of Health & Human Services Office of Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, 877-696-6775