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ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Colorado law requires psychological services providers to maintain the privacy of protected health information. In addition, such providers are required by law to provide clients with notice of psychotherapist legal duties and privacy practices with respect to protected health information. That is the purpose of this notice.

I understand that my Protected Health Information (PHI) can and will be used and disclosed in the following ways:

- Release information, with your consent to health care providers for purposes of planning conducting and directing your treatment follow up.
- Release information, with your consent, for payment by third parties such as HMO's, insurance, and EAP's.
- Disclose protected health information when required by law, including: life threatening emergencies; suspicion of abuse of a minor, and elderly person or a disabled person; as ordered by a court of law; for purposes of clinical supervision; for coordination of services with business associates (after hours calls, etc.)
- Report crimes on the premises or observed by the psychotherapist.
- Provide information to other treatment providers and entities in the case of involuntary patients.

I understand that I may request in writing:

- That you restrict how my private information is used or disclosed except for treatment, payment or health care operations and other reasons above
- To inspect, copy or to amend my psychological services record except for psychotherapy notes
- To request an accounting of certain disclosures,

I understand that you are not required to agree to my restrictions, but if you agree then you are bound to follow these restrictions.

I have received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. The Psychotherapist is required to abide by the terms of this Notice and to make new Notice provisions effective for all protected health information that it pertains to. When the Notice is revised, the revised Notice will be posted at the psychotherapist's service delivery sites(s) and will be available on request. I understand that I may contact the psychotherapist at any time at the address below to obtain a current copy of the Notice of Privacy Practices. This Notice is effective April 14, 2003.

If you believe your privacy rights have been violated, you have the right to complain to you therapist or the Secretary of Health and Human Services, 200 Independence Ave., S.E., Washington, DC 20201 or call (877)696-6775. It is the policy of this practice that there will be no retaliation for filing such complaints.

Client or Guardian signature

Date

Witness to Agreement

Date