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HIPAA NOTICE OF PRIVACY PRACTICES

(Health Insurance Portability and Accountability Act)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION (INCLUDING MENTAL HEALTH) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. During the process of providing services to you the psychotherapist will obtain, record and use mental health and medical information about you that is protected health information. Ordinarily, the information is confidential and will not be used or disclosed, except as described below. This Notice is effective April 14, 2003.

IT IS MY LEGAL DUTY TO SAFEGUARD YOUR *PROTECTED HEALTH INFORMATION (PHI)*.

By law I am required to insure that your **PHI** is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this *Notice* about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office. You may also request another copy of this Notice from me.

GENERAL USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION NOT REQUIRING THE CLIENT'S CONSENT. The psychotherapist will use and disclose the protected health information in the following ways:

1. **Treatment:** Treatment refers to the provision, coordination or management for health care (including psychological services) and related services by one or more health care providers. For example, the psychotherapist will use your information to plan your course of treatment; the psychotherapist may consult with other colleagues or ask professional colleagues to cover calls and will provide necessary information to complete those tasks.
2. **Payment:** Payment refers to the activities undertaken by a health care provider to obtain or provide reimbursement for the provision of health care. The psychotherapist will use your information to develop accounts receivable information, bill you and with your consent, provide information to your insurance company or other third party payer for services provided. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, type of service, therapist name identifier, and other information about our condition and treatment. If you are covered by Medicaid, and your therapist accepts Medicaid payments, information will be provided to the State of Colorado's Medicaid program, including but not limited to your treatment, condition, diagnosis, and services received.
3. **Health Care Operations:** Health Care Operations refers to activities undertaken by the psychotherapist that are regular functions of management and administrative activities of the practice. For example, the psychotherapist may use or disclose your health information the monitoring of service quality, and obtaining legal services.
4. **Contacting the Client:** The psychotherapist may contact you to remind you of appointments, to cancel appointments, to tell you about treatments or other services that might be of benefit to you, or to follow up on agreements made in sessions, for example.
5. **Required by Law:** The psychotherapist will disclose protected health information when required by law necessary for health care oversight. This includes, but is not limited to: (a) reporting child abuse or neglect; (b) when court ordered to release information; (c) when there is a legal duty to warn or take action regarding imminent danger to others; (d) when the client is assessed to be a danger to self or others or gravely disabled; (e) when a coroner is investigating the client's death; or (f) to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, or regulatory compliance.
6. **Crimes on the premises or observed by the psychotherapist:** Crimes that are observed by the psychotherapist, contracted staff, or professional colleagues, crimes that are directed toward the psychotherapist, contracted staff or professional colleagues, or crimes that occur on the premises will be reported to law enforcement.
7. **Business Associates:** Some of the functions of the psychotherapist may be provided by contracts with business associates. For example, some of the billing, legal, auditing and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted task. Business associates are required to enter into an agreement maintaining the privacy of the protected health care information released to them.
8. **Research:** The psychotherapist may use or disclose protected health information for research purposes if the relevant limitation of the Federal HIPAA Privacy Regulations are followed. 45 CFR 164.512(I).
9. **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.
10. **Family Members:** Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. Family members do not have the right to inspect or obtain a copy of psychotherapy notes. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed.
11. **Emergencies:** In life threatening emergencies, the psychotherapist will disclose information necessary to avoid serious harm or death.

B. Release of Information Requiring Client Consent: The psychotherapist may not use or disclose protected health information in any other way without a signed consent to release information. When you sign a consent to release information, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent the psychotherapist has already taken action in reliance thereon.

- A. **Access to Protected Health Information:** You have the right to inspect and obtain a copy of the protected health information the psychotherapist has regarding you in the designated record set. However, you do not have the right to inspect or obtain a copy of psychotherapy notes. There are other limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask your therapist.
- B. **Amendment of Your Record:** You have the right to request that the psychotherapist amend your protected health information. The psychotherapist is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeals process available to you. To make a request, ask your therapist.
- C. **Accounting of Disclosures:** You have the right to receive an accounting of certain disclosures the psychotherapist has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you, disclosures made pursuant to a signed Consent or disclosures made prior to April 14, 2003. There are other exceptions that will be provided to you should you request an accounting. To make a request, ask your therapist.
- D. **Additional Restrictions:** You have the right to request additional restrictions on the use or disclosure of your health information. The psychotherapist *does not have to agree* to that request, and there are certain limits to any restrictions, which will be provided to you at the time of your request. To make a request, ask your therapist.
- E. **Alternative Means of Receiving Confidential Communications:** You have the right to request that you receive communications of protected health information from the psychotherapist by alternative means or at alternative locations. For example, if you do not want to receive letters or bills by mail to your home address, you may request that his information be sent to another address. There are limitations to the granting of such request, which will be provided to you at the time of the request process. To make a request, ask your therapist.

C. How to Complain About My Privacy Practices: If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint. You may send a written complaint to the *Mental Health Grievance Board in Denver, Colorado*. If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the *Mental Health Grievance Board*, please contact me at:

Western Slope Psych-Health, Erik S. Cooper, LMFT, 543 South 2nd Street Montrose, CO 81401, (970) 249-2332.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003.