

HIPAA NOTICE OF PRIVACY PRACTICES

EFFECTIVE APRIL, 2003

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.

IT IS OUR LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

By law we are required to insure that your PHI is kept private. The PHI constitutes information created or noted by your therapist 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. We are required to provide you with this Notice about our privacy procedures. This Notice must explain when, why, and how we would use and/or disclose your PHI. Use of PHI means when we share, apply, utilize, examine, or analyze information within our practice; PHI is disclosed when we release, transfer, give, or otherwise reveal it to a third party outside our practice. With some exceptions, we 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, we are always legally required to follow the privacy practices described in this Notice.

Please note that we reserve the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to PHI already on file with your therapist. Before we make any important changes to our policies, we will immediately change this Notice and post a new copy of it in our office. You may also request a copy of this Notice from your therapist, or you can view a copy of it in our office.

HOW WE WILL USE AND DISCLOSE YOUR PHI

We will use and disclose your PHI for many different reasons, including the following:

USES AND DISCLOSURES THAT DO NOT REQUIRE PRIOR WRITTEN CONSENT:

FOR TREATMENT: We may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care.

FOR HEALTH CARE OPERATIONS: We may disclose your PHI to facilitate the efficient and correct operation of our practice. We may also provide your PHI to our attorneys, accountants, consultants, and others to make sure that we are in compliance with applicable laws.

TO OBTAIN PAYMENT FOR TREATMENT: We may use and disclose your PHI to bill and collect payment for the treatment and services we provided you.

OTHER USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR CONSENT: We may use and disclose your PHI without your consent or authorization for the following reasons:

1. When disclosure is required by law; judicial, board, or administrative proceedings; or law enforcement.
2. To avoid harm. We may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
3. If you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if we determine that disclosure is necessary to prevent the threatened danger.
4. If disclosure is mandated by the Colorado Child Abuse and Neglect Reporting law, or the Colorado Elder/Dependent Adult Abuse Reporting Law.

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5. If you disclose a serious/imminent threat of physical violence by you against reasonably identifiable victims.
6. For public health activities, health oversight activities, or for specific government functions.
7. For research purposes. In certain circumstances, we may provide PHI in order to conduct medical research.
8. For Workers' Compensation purposes. We may provide PHI in order to comply with Workers' Compensation laws.
9. When arbitration is lawfully requested by either party, pursuant to subpoena or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
10. We are permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you.

YOU HAVE THE OPPORTUNITY TO OBJECT TO OTHER USES AND DISCLOSURES:

DISCLOSURES TO FAMILY, FRIENDS, OR OTHERS: We may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION: In any other situations, we will request your written authorization before using or disclosing any of your PHI. You may later revoke that authorization in writing to stop any future uses and disclosures of your PHI.

RIGHTS YOU HAVE REGARDING YOUR PHI

THE RIGHT TO SEE AND GET COPIES OF YOUR PHI: In general, you have the right to see your PHI that is in our possession, or to get copies of it: however, you must request it in writing. You will receive a response within 30 days of our receiving your written request. Under certain circumstances, we may feel we must deny your request, but if we do, we will give you, in writing, the reasons for the denial. We will also explain your right to have our denial reviewed.

THE RIGHT TO REQUEST LIMITS ON USES AND DISCLOSURES OF YOUR PHI: You have the right to ask that we limit how we use and disclose your PHI. While we will consider your request, we are not legally bound to agree. If we do agree to your request, we 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 we are legally required or permitted to make.

THE RIGHT TO CHOOSE HOW WE SEND YOUR PHI TO YOU: It is your right to ask that your PHI be sent to you at an alternate address by an alternate method. We are obliged to agree to your request providing that we can give you the PHI, in format you requested, without undue inconvenience.

THE RIGHT TO GET A LIST OF THE DISCLOSURES WE HAVE MADE: You are entitled to a list of disclosures of your PHI that we have made. The list will not include uses or disclosures to which you have already consented or for disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.

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 we correct the existing information or add the missing information. Your request and the reason for the request must be made in writing.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If, in your opinion, we may have violated your privacy rights, or if you object to a decision we made about access to your PHI, you are entitled to file a complaint with your therapist. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. If you file a complaint about our privacy practices, we will take no retaliatory action against you.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT YOUR PROVIDER.