



Notice of Counseling Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW COUNSELING INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

During the process of providing services to you, I will obtain, record, and use mental health and medical information about you that is protected information. Ordinarily that information is confidential and will not be used or disclosed, except as described in this brochure.

Please read this information carefully so that you will understand both my commitment to the privacy of your protected health information, and how you can participate in that commitment.

Uses and Disclosures for Treatment, Payment and Health Care Operations

I may use or disclose your protected health information (PHI) for treatment, payment, and health care operation purposes with your consent. To help clarify these terms, here are some definitions:

- *PHI*- refers to information in your health record that could identify you.
- *Treatment*- when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be consulting with another health care provider, such as your family physician or another psychotherapist.
- *Payment*- when I obtain reimbursement for your healthcare. Examples are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- *Health Care Operations*- activities related to the performance and operation of the counseling center. Examples are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- *Use*- applies only to activities within the counseling center such as sharing, employ-ing, applying, utilizing, examining, and analyzing information that identifies you.
- *Disclosure*- applies to activities outside of the office such as releasing, transferring, or providing access to information about you to other parties.
- *Authorization*- a written permission above and beyond the general consent that permits only specific disclosures.
- *Psychotherapy notes*- notes the therapists has made about conversations during a counseling session, which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment, payment or health care operation, I will obtain an authorization from you before releasing information. I will also need to obtain authorization before releasing your psychotherapy notes.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your counselor has relied on that authorization;

or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer of the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization

Your counselor may use or disclose PHI without your consent or authorization only in the following circumstances:

- **Child Abuse:** if there is reasonable cause to believe that a child has been subject to abuse, the therapist is required by law to report this immediately to the county child protective services provider.
- **Adult and Domestic Abuse:** if a therapist reasonably believes that a vulnerable adult is the subject of abuse, neglect, or exploitation, s/he may report the information to the county adult protective services provider.
- **Health Oversight:** if the Colorado Grievance Board issues a subpoena, I may be compelled to testify before the Board and produce your relevant records and papers.
- **Judicial or Administrative Proceedings:** if you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law, and I cannot release this information without written authorization from you or your legally appointed representative. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I must inform you in advance if this is the case.

Clients' Rights

1. *Right to Request Restrictions-* you have the right to request restrictions on certain uses and disclosures of your protected PHI. However, I am not required to agree to a restriction that you request.
2. *Right to Receive Confidential Communications by Alternative Means and Alternative Locations-* for example, you may not want a family member to know that you are seeing a therapist. Upon your request, I will send your bills to another address.
3. *Right to Inspect and Copy* – You have the right to inspect or obtain a copy of your PHI and/or psychotherapy notes in the therapist's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. The therapist may deny your access to PHI under certain circumstances. However, in some of these cases, you may have this decision reviewed. At your request, the therapist will discuss with you the details of the request and denial process.
4. *Right to Amend* – You have the right to request and amendment of PHI for as long as the PHI is maintained in the record. Your therapist may deny your request. At your request, the therapist will discuss with you the details of the amendment process.
5. *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization as described in "Uses and Disclosures with Neither Consent nor Authorization" of this Notice). At your request, your therapist will discuss with you the details of the accounting process.
3. *Right to a Paper Copy* – You have the right to obtain a paper copy of this notice from your therapist upon request, even if you have agreed to receive the notice electronically.

Counselors Duties

1. The therapist is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
2. I reserve the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, I am required to abide by the terms currently in effect.
3. If I revise my policies and procedures, I will post the revision in my office and mail it to persons whom I believe are particularly affected by it.

Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision that I have made about access to your records, you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

Effective Date: April 14, 2003

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS
AGREEMENT AND AGREE TO ITS TERMS**

Client Signature

Print your name

Date