



## Notice of Privacy Policies

This notice involves your privacy rights and describes how protected health information about you may be disclose, and how you can obtain access to this information. Please review it carefully.

### Definition of PHI

Protected health information, or “PHI”, means any information, whether oral or recorded, in any form or medium, including demographic information collected from an individual, that

- Is created or received by a health care provider, health plan, employer, life insurer, or health care clearing house; and
- Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
- That identifies the individual; or
- With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

### Confidentiality

As a general rule, I will disclose no information about you, or the fact that you are my client, without your written consent. My formal mental health treatment records describe the services provided to you and contain the dates of our sessions, your diagnoses, functional status, symptoms, prognosis, progress in treatment, and any psychological testing evaluations. Healthcare providers are legally allowed to use or disclose records or information for treatment, payment, and healthcare operations purposes. However, I do not routinely disclose information in such circumstances. Therefore, I will require your permission in advance, either through your consent at the onset of our professional relationship

as indicated by your signature on the attached general consent forms, or through your written authorization at the time the need for disclosure arises. You may revoke your permission in writing at any time by contacting me and completing the necessary forms.

### **Limits of Confidentiality**

*Possible uses and disclosures of mental health treatment records without consent or authorization.*

There are some important exceptions to this rule of confidentiality. If you wish to receive psychotherapy treatment from me, you must sign the attached form indicating you understand and accept my policies about confidentiality and its limits. We will discuss these issues during the intake session, but you may reopen the conversation at any time.

I may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy or due to legal requirements.

- **Emergency:** If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.
- **Child abuse reporting:** If I have reason to suspect that a child is abused or neglected, I am required by Colorado law to report the matter immediately to the appropriate child protection services or law enforcement.
- **Adult abuse reporting:** If I have reason to suspect that an elderly or disabled adult is abused, neglected, or financially exploited, I am required by Colorado law to immediately make a report and to provide relevant information to the Department of human services.
- **Court proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release the information unless you provide written authorization, or a judge issues a court order. If I receive a subpoena for records or my testimony, I will notify you so your attorney can file a motion to quash or block the subpoena. However, while awaiting the judge's decision regarding the subpoena, I am required to place the requested documents in a sealed envelope and provide them to the clerk of the court.

- **Serious threat to health or safety:** If you communicate to me a specific and immediate threat to cause serious bodily injury or death to an identified person or people, and I believe you have the intent and ability to carry out that threat immediately, I am legally required to take steps to protect third parties. These precautions may include:
  - warning the potential victim(s) or the parent or guardian of the potential victim(s) if under age 18;
  - notifying a law enforcement officer; and/or, pursuing your involuntary psychiatric hospitalization.

I may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety. If you become a party in a civil commitment hearing, I may be required to provide treatment records to the magistrate, your attorney, or a law enforcement officer, whether you are a minor or an adult.

- **Workers compensation:** If you file a workers' compensation claim, I may be required, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission.

### **Patient Rights and Providers Duties**

#### *Right to request restrictions*

You have the right to request restrictions on certain uses and disclosures of protected health information about you. You have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment for your care. If you ask me to disclose information to another party, you may request that I limit the information to be disclosed. However, I am not required to agree to any restriction that you request. To request restrictions, you must make your request in writing and clarify: what information you want to limit; whether you want to limit my use, disclosure, or both; and, to whom you want the limits to apply.

#### *Right to receive confidential communications by alternative means and at alternate locations*

You have the right to request and receive confidential communications by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing me. Upon request, I will send your invoices for treatment to another address. You may also request that I contact you only at your work telephone number, or you may request that I do not leave voicemail messages. To request alternative communication, you must make a request in writing, specifying how and where you wish to be contacted.

*Right to an accounting of disclosures*

You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent or authorization as described above upon your written request.

*Right to inspect and copy*

In most cases, you have the right to inspect and copy your treatment records and billing records. To do this, you must submit your request in writing. If you request a copy of this information, I may charge a reasonable fee for the cost of copying and mailing. I may deny a request to inspect and copy your records in some circumstances. I may refuse to provide you access to certain psychotherapy notes or to information compiled in real anticipation of, or use in, a civil, criminal, or administrative proceeding.

*Right to amend*

If you feel that the protected health information I have about you is incorrect or incomplete, you may ask me to amend the information. To request an amendment, your request must be made in writing and submitted to me. In addition, you must provide a reason that supports your request. I may deny your request if you ask me to amend information that was not created by me, is not part of the records kept by me, or is not part of the information which you would be permitted to inspect and copy. However, I will add your request to your treatment records.

*Right to a copy of this notice*

You have the right to a paper copy of this notice. You may ask me to give you another copy of this notice at any time.

*Policies regarding PHI sent or received by facsimile and email*

It is my duty to ensure that confidentiality is maintained when treatment records are sent or received by facsimile and email. My fax machine is located in a locked office that only I and my professional mental health associates have access to. All faxes pertaining to your treatment will be placed in your chart, which will be kept in a locked file cabinet. They will become part of your treatment record.

All emails that I receive regarding your treatment will be contained on a laptop that is password-protected and that only I have access to. I will print out any email messages that I send or receive regarding your treatment and I will place the copies in your chart. They will become part of your treatment record.

#### *Changes to this notice*

I reserve the right to change my policies and/or to change this notice, and to make these changes effective for your records that I already possess, as well as any information I receive about you in the future. This notice will contain the effective date. An updated copy will be mailed to you and given to you at our next appointment. I will have copies of the current notice available upon request.

#### *Complaints*

You may file a complaint if you believe your privacy rights have been violated. To do this, you must submit your complaint in writing to my office. You may also send a written complaint to the US Department of health and human services.

#### **Client Signature**

I have read this agreement. I had sufficient time to review this document carefully, ask any questions that I needed to, and I comprehend it. I understand the limits to confidentiality required by law.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*Effective date: September 25, 2017*