**Colorado Wildflower Counseling**

**870 Colorado Blvd #1019**

**Glendale, CO 80246**

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**EFFECTIVE DATE OF THIS NOTICE This notice went into effect on July 16th, 2021**

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Given the nature of Colorado Wildflower Couseling’s work, it is imperative that it maintains the confidence of client information  that it receives in the course of its work. Colorado Wildflower Counseling is a mental health practice that provides mental health  services. The practice works solely to provide the best counseling treatment options to its clients.  It is prohibited from releasing any client information to anyone outside immediate staff, employees,  interns, and/or volunteers except in limited circumstances in accordance with this Notice of Privacy Policies  and Practices. Discussions or disclosures of protected health information (“PHI”) within the practice are limited to the minimum necessary that is needed for the recipient of the information to perform his/her  job. Please review this Notice of Privacy Policies and Practices (“Notice of Privacy Policies”). It is my policy to:**

**1. fully comply with the requirements of the HIPAA General Administrative Requirements, the  Privacy and Security Rules;**

**2. provide every client who receives services with a copy of this Notice of Privacy Policies;**

**3. ask the client to acknowledge receipt when given a copy of this Notice of Privacy Policies; 4. ensure the confidentiality of all client records transmitted by facsimile;**

**5. obtain from each client an informed Authorization for Release of Protected Health Information  form when required.**

**Colorado Wildflower Counseling is required to follow all state and federal statutes and regulations including Federal Regulation 42  C.F.R. Part 2 and Title 25, Article 4, Part 14 and Title 25, Article 1, Part 1, CRS and the Health Insurance  Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 142, 160, 162 and 164, governing testing for  and reporting of TB, HIV AIDS, Hepatitis, and other infectious diseases, and maintaining the confidentiality  of PHI.**

**PHI refers to any information that I create or receive, and relates to an individual’s past, present, or future  physical or mental health or conditions and related care services or the past, present, or future payment for  the provision of health care to an individual; and identifies the individual or there is a reasonable basis to  believe the information can be used to identify the individual. PHI includes any such information described  above that I transmit or maintain in any form, this includes Psychotherapy Notes. HIPAA and federal law  regulate the use and disclosure of PHI when transmitted electronically.**

YOUR RIGHTS AS A CLIENT:

When it comes to your health information, you have certain rights. This section explains your  rights and some of our responsibilities to help you.

Get an electronic or paper copy of your mental health record

• You can ask to see or get an electronic or paper copy of your mental health record and other health  information we have about you. Ask us how to do this.

• We will provide a copy or a summary of your health information, usually within 30 days of your  request. We may charge a reasonable, cost-based fee to fulfill your request.

• If we deny your request, in whole or in part, we will let you know why in writing and whether you  have the option of having the decision reviewed by an independent third-party.

Ask us to correct your mental health record

• You can ask us to correct health information about you that you think is incorrect or incomplete.  Ask us how to do this.

• We may say “no” to your request, but we’ll tell you why in writing within 60 days. Request confidential communications

• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail  to a different address.

• We will say “yes” to all reasonable requests.

• Please review the Consent For Communication Of Protected Health Information By Non-Secure  Transmissions

• You are required to “opt-in” to receive communications electronically as set-forth in the Consent  for Communication of Protected Health Information by Non-Secure Transmissions. If you choose  not to “opt-in” to receive electronic communications, we will not communicate with you via  electronic means.

Ask us to limit what we use or share

• You can ask us not to use or share certain health information for treatment, payment, or our  operations. We are not required to agree to your request, and we may say “no” if it would affect your  care.

• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that  information for the purpose of payment or our operations with your health insurer. We will say  “yes” unless a law requires us to share that information.

Additional Restrictions

• You have the right to request additional restrictions on the use or disclosure of your mental health  information. However, we do not have to agree to that request, and there are certain limits to any  restriction. Ask us if you would like to make a request for any restriction(s).

Get a list of those with whom we’ve shared information

• You can ask for a list (accounting) of the times we’ve shared your health information for six years  prior to the date you ask, who we shared it with, and why.

• We will include all the disclosures except for those about treatment, payment, and health care  operations, and certain other disclosures (such as any you asked us to make). We’ll provide one  accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one  within 12 months.

You may revoke all such authorizations to release information (PHI, Psychotherapy Notes, HIV  information, and/or Alcohol and Drug Use Information) at any time, provided each revocation is in

writing, signed by you, and signed by a witness. You may not revoke an authorization to the extent that (1)  Colorado Wildflower Counseling has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining  insurance coverage, the law provides the insurer the right to contest the claim under the policy.

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.

The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.

Get a copy of this privacy notice

• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice  electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

• If you have given someone medical power of attorney or if someone is your legal guardian, that  person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

• You can complain if you feel we have violated your rights

• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil  Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1- 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

• We will not retaliate against you for filing a complaint.

• You may also file a complaint with the Colorado Department of Regulatory Agencies, Division of  Professions and Occupations, Mental Health Section; 1560 Broadway, Suite 1350, Denver,  Colorado, 80202, 303-894-2291; DORA\_Mentalhealthboard@state.co.us. Please note that the  Department of Regulatory Agencies may direct you to file your complaint with the U.S. Department  of Health and Human Services Office for Civil Rights listed above and may not be able to take any  action on your behalf.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A use of PHI occurs *within* a covered entity (i.e., discussions among staff regarding treatment). A disclosure of PHI occurs when Colorado Wildflower Counseling reveals PHI to an outside party (i.e., provides another treatment provider  with PHI, or shares PHI with a third party pursuant to a client’s valid written authorization).

MY PLEDGE REGARDING HEALTH INFORMATION: I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

Colorado Wildflower Counseling may use and disclose PHI, without an individual’s written authorization, for the following purposes:

1. Treatment: disclosing and using your PHI by those who are involved in your care for the purpose  of providing, coordinating, or managing your health care treatment and related services. This  includes consultation with clinical supervisors or other treatment team members and for coverage  arrangements during your therapist’s absence, and for sending appointment reminders or  information about treatment alternatives or other health-related benefits and services that may be  of interest to you.

2. Payment: disclosing and using your PHI so that Colorado Wildflower Counseling can receive payment for the treatment  services provided to you, such as: making a determination of eligibility or coverage for insurance  benefits, processing claims with your insurance company, reviewing services provided to you to  determine medical necessity, or undertaking utilization of review activities.

3. Health Care Operations: disclosing and using your PHI to support Colorado Wildflower Counseling’s business operations which may include but not be limited to: quality assessment activities, licensing, audits, and other  business activities.

4. Give you this notice of my legal duties and privacy practices with respect to health information.

5. Follow the terms of the notice that is currently in effect.

6. I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

Uses and disclosures for payment and health care operations purposes are subject to the minimum  necessary requirement. This means that Colorado Wildflower Counseling may only use or disclose the minimum amount of PHI  necessary for the purpose of the use or disclosure (i.e., for billing purposes we  would not need to disclose  a client’s entire medical record in order to receive reimbursement and would likely only need to include a service code and/or diagnosis etc.). Uses and disclosures for treatment purposes are not subject to the  minimum necessary requirement. Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.  Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Colorado Wildflower Counseling  is required to promptly notify you of any breach that may have occurred and/or that may have  compromised the privacy or security of your PHI.

Confidentiality of client records and substance abuse client records maintained are protected by federal law  and regulations. It is Colorado Wildflower Counseling’s policy that a client must complete an Authorization for Release of Protected  Health Information it provides prior to disclosing health information to another individual and/or entity for any purpose, except for treatment, payment, or health care operations in accordance with this Notice of  Privacy Policies.

Absent the above referenced form, other than for treatment, payment, or health care operations purposes,  Colorado Wildflower Counseling is prohibited from disclosing or using any PHI outside of or within the organization, including  disclosing that the client is in treatment without written authorization. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. Responding to lawsuit and legal actions (Disclosure by a court order, in response to a complaint  filed against Colorado Wildflower Counseling, etc. This does not include a request by you or another party for your  records).  If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

2. Disclosure is made to medical personnel in a medical emergency or to qualified personnel for  research, audit or program evaluation.

3. Help with public health and safety issues (Client commits or threatens to commit a crime either  at Colorado Wildflower Counseling’s office or against any person who works for Colorado Wildflower Counseling; A minor or elderly client reports  having been abused or there is reasonable suspicion that abuse has or will take place; Client is  planning to harm another person, including but not limited to the harm of a child or at-risk  elder; Client is imminently dangerous to self or others). Additionally, I am mandated to disclose and report the viewing, creating or distributing of child pornography.

4. Address workers’ compensation, law enforcement, and other government requests or for health oversight activities, including audits and investigations.

5. Respond to organ and tissue donation requests.

6. Business Associates: Colorado Wildflower Counseling may enter into contracts with business associates to provide  billing, legal, auditing, and practice management services that are outside entities. In those  situations, protected health information will be provided to those contractors as is needed to  perform their contracted tasks. Business associates are required to enter into an agreement  maintaining the privacy of the protected health information released to them.

7. In compliance with other state and/or federal laws and regulations.

8. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.

9. For law enforcement purposes, including reporting crimes occurring on my premises.

10.To coroners or medical examiners, when such individuals are performing duties authorized by law.

11. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.

12. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

13. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

The above exceptions are subject to several requirements under the Privacy Rule, including the minimum  necessary requirement and applicable federal and state laws and regulations. See 45 C.F.R. § 164.512.  Before using or disclosing PHI for one of the above exceptions, Colorado Wildflower Counseling must ensure compliance with the  Privacy Rule. Violation of these federal and state guidelines is a crime carrying both criminal and monetary  penalties. Suspected violations may be reported to appropriate authorities, as listed above in the “Client  Rights” section, in accordance with federal and state regulations. Know that Colorado Wildflower Counseling will never market or  sell your personal information without your permission.

SPECIAL AUTHORIZATIONS

Certain categories of information have extra protections by law, and thus require special written  authorizations for disclosures.

*Psychotherapy Notes:* Your therapist may keep and maintain “Psychotherapy Notes”, as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:  For my use in treating you. b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For my use in defending myself in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others. Psychotherapy notes may also include but are not limited to notes your therapist makes about your conversation during a private, group, joint, or family  counseling session, which is kept separately from the rest of your record. These notes are given a greater  degree of protection than PHI. These are not considered part of your “client record.” Colorado Wildflower Counseling will obtain a special authorization before releasing your Psychotherapy Notes.

*HIV Information:* Special legal protections apply to HIV/AIDS related information. Your therapist will obtain a  special written authorization from you before releasing information related to HIV/AIDS.

*Alcohol and Drug Use Information:* Special legal protections apply to information related to alcohol and  drug use and treatment. Your therapist will obtain a special written authorization from you before releasing  information related to alcohol and/or drug use/treatment.

As a covered entity under the Privacy and Security Rules, Colorado Wildflower Counseling is required to reasonably safeguard PHI  from impermissible uses and disclosures. Safeguards may include, but are not limited to the following:

1. Not leaving test results unattended where third parties without a need to know can view them. 2. Any PHI received as an employee, intern, or volunteer about a client or potential client, may not be  used or disclosed for non-work purposes or with unauthorized individuals. Colorado Wildflower Counseling may only use and  disclose such PHI as described above.

3. When speaking with a client about his or her PHI where third parties could possibly overhear, the  conversation will be moved to a private area.

4. Seeking legal counsel in uncertain situations and/or incidences.

5. Obtaining a Business Associates Agreement with those third-parties that have access to and/or store  client information. Some of the functions of the practice 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.

6. Implementing FAX security measures

7. Obtaining your consent prior to sending any PHI by unsecure electronic transmissions 8. Providing information on my electronic record-keeping.

YOUR CHOICES:

For certain health information, you can tell your therapist  (verbal authorization) your choices about  what it shares. If you have a clear preference for how I share your information in the situations  described below, talk to your therapist and state what you want to do. Your therapist may request you sign a separate document if you authorize it to share certain PHI. You may revoke  that authorization at any time for future disclosure.

In these cases, you have both the right and choice to tell your therapist to:

• Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation

• Include your information in a hospital directory

If you are not able to state your preference, for example if you are unconscious, your therapist may go ahead  and share your information if your therapist believes it is in your best interest and for your care/treatment and may also share your information when needed to lessen a serious and imminent threat to public health or safety.

In these cases we never share your information unless you give us written permission:  • Marketing purposes

• Sale of your PHI in the regular course of my business.

• Most sharing of psychotherapy note

Changes to the Terms of this Notice

Colorado Wildflower Counseling can change the terms of this notice, and the changes will apply to all the information it has about  you. The new notice will be available upon request.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information