

Boulder Psychiatry LLC, Boulder, CO 720-600-4023

HIPAA NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION

This notice describes how mental health and medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

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

Boulder Psychiatry LLC (“Provider”) may use or disclose your protected health information (PHI), for treatment, payment, and health care operations 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, Payment and Health Care Operations”

o Treatment is when the Provider, coordinates, manages, or provides health care and other services related to your health care. An example of treatment would be when Provider consults with another health care provider, such as your family physician or another psychiatrist.

o Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

o Health Care Operations are activities that relate to the performance and operation Boulder Psychiatry LLC. Examples of health care operations are quality assessment and improvement activities, consultation with other medical colleagues when necessary, business-related matters such as audits and administrative services, and case management and care coordination.

- “Use” applies only to activities within Boulder Psychiatry LLC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of Boulder Psychiatry LLC such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Boulder Psychiatry LLC may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures.

An appropriate authorization form may be obtained from Boulder Psychiatry LLC. In instances in which Provider is asked for information for purposes outside of treatment, payment or health care operations, your authorization must be obtained before releasing this information. Note that psychotherapy notes are not obtainable even with your authorization. “Psychotherapy Notes” are notes made about our conversation during a private, group, joint, or family counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You are entitled to a summary of these notes, but not the actual notes themselves. I will also need to obtain an authorization before releasing a summary of your psychotherapy notes.

You may revoke all such authorizations at any time provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Provider has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Boulder Psychiatry may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse** – If there is reasonable cause to know or suspect that a child has been subjected to abuse or neglect, such information must immediately be reported to the appropriate authorities.
- **Adult and Domestic Abuse** – If there is reasonable cause to believe that an at-risk adult has been mistreated, self-neglected, or financially exploited and is at imminent risk of mistreatment, self-neglect, or financial exploitation, such information must be reported to the appropriate authorities.
- **Health Oversight Activities** – If the Colorado State Board of Medical Examiners or an authorized professional review committee is reviewing Provider’s services, PHI may be disclosed to that board or committee.
- **Judicial and Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information about your diagnosis and

treatment or the records thereof, such information is privileged under state law, and will not be released without your written authorization or a court order. The privilege does not apply when you are being evaluated or a third party or where the evaluation is court ordered. You will be informed in advance if this is the case. This privilege likewise does not apply in an action brought by you against the Provider that arises out of services you received by the Provider.

- **Serious Threat to Health or Safety** – If you communicate a serious threat of imminent physical violence against a specific person or persons, Provider has a duty to notify any person or persons specifically threatened, as well as a duty to notify an appropriate law enforcement agency or by taking other appropriate action. If Provider believes that you are at imminent risk of inflicting serious harm on yourself, Provider may disclose information necessary to protect you. In either case, Provider may disclose information in order to initiate hospitalization.
- **Worker's Compensation** – Provider may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provided benefits for work-related injuries or illness without regard to fault.
- **Business Associates** – Provider may disclose your information to persons or entities that perform certain functions or activities that involve the use or disclosure of PHI on behalf of, or provides services to Boulder Psychiatry LLC. I have obtained written assurances from these business associates that they will appropriately safeguard your PHI.

IV. Patient's Rights and Psychologist's Duties

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

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information regarding you. Provider is not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are in treatment with Boulder Psychiatry LLC. On your request, Provider will send your bills to another address.)
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI in the mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Provider may deny access to your PHI under certain circumstances, but in some cases you may

have this decision reviewed. On your request, Provider will discuss with you the details of the request and denial process.

- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Provider may deny your request. On your request, Provider will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI. On your request, Provider will discuss with you the details of the accounting process.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Boulder Psychiatry LLC also has certain rights and responsibilities with regard to your health information, including the following:

- Provider is required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to PHI.
- Provider reserves the right to change the privacy policies and practices described in this notice. Unless Provider notifies you of such changes, however, Provider is required to abide by the terms currently in effect.
- If the above policies and procedures are revised, a revised version will be posted on Provider's website.
- Provider will keep a copy of the current notice posted in the office and a copy will be available at each appointment. This notice is also posted on the Provider's website.
- Provider will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision Provider makes about access to your records, or have other concerns about your privacy rights, you may contact:

Brian Niehaus MD, Boulder Psychiatry LLC, 2919 Valmont Rd Ste 209, Boulder CO 80301

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to the Secretary of the U.S. Department of Health and Human Services. A complaint form may be found at

<https://www.hhs.gov/sites/default/files/hip-complaint-form-0945-0002exp-07312019.pdf>

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Restrictions, and Changes to Privacy Policy

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. If the above policies and procedures are revised, a revised version will be posted on Provider's website.

Date of last policy update 10/27/2021