

Notice of Privacy Practices and Client Rights

To the patients:

This notice describes how health information about you may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

A commitment to your privacy

This office is dedicated to maintaining the privacy of your health information. It is required by law that the confidentiality of your health information be maintained. Although these laws are complicated, you must be provided with the following information.

Use and disclosure of your health information in certain special circumstances

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If require to do so by a law enforcement official.
4. When necessary to reduce a serious threat to your health and safety or the health and safety of another individual or the public. Disclosures will only be made to a person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Worker's Compensation and similar programs.

Your rights regarding your health information

1. Communications. You can request that this office communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for payment, or health care operations. You also have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family member and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient records and billing records in our possession. You must submit your request in writing to our office
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our office. To request an amendment, your request must be made in writing and submitted to our office. You must provide us with a reason that supports your request for amendment.
5. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact this office.
6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice by contacting this office. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to provide an authorization for other uses and disclosures. Our office will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact Jana Benkelman at jannabenklpc@aol.com or send correspondence to:

Janna Benkelman LPC
827 Grant Street
Denver Colorado 80203

I hereby acknowledge that I have been presented with a copy of the Privacy Practices of Janna Benkelman LPC, LLC

Signature _____

Date _____

Printed Name of Patient _____