

## **Notice of Privacy Practices**

This notice describes how health information about you may be used and disclosed, and how you can get access to this information. All requests that you have regarding your health information must be submitted in writing to the address on this form.

### **You Have the Right to:**

#### **Obtain a Copy of Your Medical Record:**

- You can ask to see or get an electronic or paper copy of your medical record and other health information Waking Life Counseling, LLC has about you. Please submit a written request for this information to the address on this form.
- The personal notes of the therapist documenting or analyzing the contents of counseling sessions are called psychotherapy notes, and **access to these notes are excluded** from your right to view or receive a copy. Access to psychotherapy notes will be decided at the sole discretion of Waking Life Counseling, LLC.
- Waking Life Counseling, LLC will provide a copy or a summary of your health information, within 30 days of your request. You may be charged a reasonable, cost-based fee for this service.

#### **Request Corrections to Your Medical Record:**

- You can ask Waking Life Counseling, LLC to correct health information about you that you think is incorrect or incomplete. Waking Life Counseling, LLC may say “no” to your request, but you will be informed why in writing within 60 days.

#### **Request Confidential Communication:**

- You can ask Waking Life Counseling, LLC to contact you in a specific way (for example, home or office phone) or to send mail to a certain address.

#### **Ask Waking Life Counseling, LLC to Limit What We Use or Share:**

- You can ask Waking Life Counseling, LLC 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.
- Waking Life Counseling, LLC will comply with your request unless a law requires it to share that information, or if complying with your request would negatively affect your care.

#### **Get a List of Those with Whom Waking Life Counseling, LLC Has Shared Your information:**

- This list will include the times Waking Life Counseling, LLC has shared your health information for six (6) years prior to the date you ask, with whom it was shared, and why. Waking Life Counseling, LLC 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). Waking Life Counseling, LLC will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Choose Someone to Act for You:

- If you have given someone medical power of attorney, or if someone is your legal guardian, that person is entitled to exercise your rights and make choices about your health information.
- Waking Life Counseling, LLC will verify that the person has the authority to act for you before any action is taken.

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. Waking Life Counseling, LLC will provide you with a paper copy promptly.

File a Complaint if You Feel Your Rights Are Violated:

- You have the right to complain if you feel that your rights have been violated by contacting Waking Life Counseling, LLC at the information listed below.
- 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
- You may also complain by calling 1-877-696- 6775
- Waking Life Counseling, LLC will not retaliate against you for filing a complaint.

**You Have Choices:**

For certain health information, you can tell Waking Life Counseling, LLC your choices about what is shared. If you have a clear preference for how your information is shared in the situations described below, let Waking Life Counseling, LLC know and your instructions will be followed. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, you have both the right and choice to tell Waking Life Counseling, LLC 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 Your Health Information Needs to Be Disclosed:**

You may request that Waking Life Counseling, LLC share your health information with another entity such as another provider, residential facility, or treatment program. An "Authorization to Release/Request Information" must be completed in order for this information to be sent to another entity.

**How Your Information Will Be Shared:**

Waking Life Counseling, LLC will generally use or share your health information in the following ways:

To Treat You: To share it with other professionals who are treating you.

To Run Waking Life Counseling, LLC: To run our practice, improve your care, and contact you when necessary.

To Bill for Your Services: To bill and get payment from health plans or other entities.

To Comply with the Law: To comply with the law in certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence;

- Work with a medical examiner or funeral director;
- Preventing or reducing a serious threat to anyone's health or safety;
- Help with public health and safety issues;
- If state or federal laws require it;
- Address workers' compensation, law enforcement, and other government requests;
- Respond to lawsuits and legal actions; and
- In response to a court or administrative order, or in response to a subpoena.

**Responsibilities of Waking Life Counseling, LLC:**

- We are required by law to maintain the privacy and security of your protected health information.
- We will never share any substance abuse treatment records without your written permission.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.

**Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

If you have any concerns, questions, or requests, please contact Katie-Beth Whitcomb at:

Waking Life Counseling, LLC  
80 Garden Center Ste 368  
Broomfield, CO 80020  
katie-beth@wakinglifecounseling.com

**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 Notice of Privacy Practices**

By signing below, I, \_\_\_\_\_, hereby acknowledge that I received a copy of Waking Life Counseling, LLC's Notice of Privacy Practices. I understand that signing does not mean that I have agreed to any special uses or disclosures of my health records.\*

\_\_\_\_\_  
Client/Personal Representative's **Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Personal Representative's **Printed Name**

\_\_\_\_\_  
Client/Personal Representative's **Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Personal Representative's **Printed Name**

*\*You may refuse to sign this Acknowledgement, but that refusal does not prevent Waking Life Counseling, LLC from using or disclosing health information as permitted by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). If you refuse to sign, Waking Life Counseling, LLC must keep a record of the refusal.*