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NOTICE OF PRIVACY PRACTICES

This notice is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It explains how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Privacy is a very important concern for everyone who comes into this office. There are state and federal laws, as well as professional ethics and standards, which inform privacy practices. Because the rules are complicated, some parts of this notice are quite detailed and you may have questions about them. I will be happy to discuss any questions you might have.

What is medical information? Each time you visit this office, information is collected about you to help in completing counseling in a therapeutic way. It may be information about your past, present mental health or physical health, the treatment you received from me, or about payment concerning your healthcare. The information I collect from you is called **Protected Health Information (PHI)**. This information goes into your file at my office. It includes information such as:

- * Personal & family history
- * Reasons for treatment
- * Diagnoses
- * Treatment plan
- * Information about medications
- * Billing/Insurance information

I use this information for specific purposes such as:

- * Planning treatment
- * Following progress
- * To show how many sessions we have had
- * To follow payment schedule

Although your health record is the physical property of this practice, the information belongs to you. You can see it or have a copy of it at any time. If I have been misinformed about anything in your file, please update me.

PRIVACY AND THE LAW

The HIPAA law requires me to keep your PHI private and to give you this notice of my legal duties and my privacy practices, which is called the Notice of Privacy Practice or NPP. I will obey the rules of this law as long as it is in effect, except where state laws and my professional standards and ethics take precedence. If the NPP changes, I will post a new notice in my office.

When your information is read by me in the office, that is called, in the law, "use." If the information is shared with or sent to others outside the office, that is called, in the law, "disclosure." I use and disclose PHI mainly for reasons such as insurance. Other reasons for disclosure include if I suspect child abuse or neglect, if I receive court orders in a criminal or delinquent proceeding, or if I feel you are a grave danger to yourself or others. If there is any other reason for me to disclose your information, I will seek written authorization from you beforehand.

I will keep an accounting of disclosure of your PHI in your record. If you need more information, I would be more than happy to consult with you. If you have a problem concerning your PHI, you have the right to file a complaint with me or the United States Secretary of Health and Human Services by sending it to:

The Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave., SW
Room 515F, HHH Bldg.
Washington, D.C. 20201

I will not in any way limit your care or take any action against you if you complain.

If you have any questions about this notice, please call me at 720-261-1567.

By signing this form, you acknowledge receipt of the Notice of Privacy Practices.

Signature _____
Client (if under 18, parent or guardian)

Date _____