

Colorado Notice of HIPAA Regulations & PHI-D Authorization

Notice of Psychotherapist's Policies and Practices to Protect the Privacy of Your Health Information:

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

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (Protected Health Information – PHI) used or disclosed to us in any form, whether electronically, orally, or on paper be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. Without specific written authorization, we are NOT permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

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

Your counselor may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and healthcare 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*” – is when your counselor provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your counselor consults with another health care provider, such as your family physician or another psychotherapist.

“*Payment*” - is when you obtain reimbursement for your healthcare. Examples are if your counselor discloses your PHI to your health insurer for reimbursement for health care.

“*Health Care Operations*” - are activities that relate to the performance and operation of your counselor's practice. Examples of health care operations are quality assessment and improvement activities, business related matters such as audits, administrative services, case management, and care coordination.

“*Use*” - applies only to activities within your counselor's [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“*Disclosure*” applies to activities outside of your counselor's [office, clinic, practice group, etc.] such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Your counselor 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. In those instances when your counselor is asked for information for purposes outside of treatment, payment or health care operations, your counselor will obtain an authorization from you before releasing this information. Your counselor will also need to obtain an authorization before releasing your Psychotherapy Notes. “*Psychotherapy Notes*” are notes your counselor has made about your conversation during a private, group, joint, or family counseling session, which your counselor has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that: (a) your counselor has relied on that authorization; or (b) 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.

Disclaimer Regarding Electronic Communications

Dr. Teresa Christensen does NOT have access to a HIPAA secure server. Accordingly, we can NOT ensure that ANY/ALL electronic communications (texts, emails, and phone calls) are confidential. As such, if you wish to communicate with me via electronic communication, you are hereby informed of the potential security risks of doing so and chose to do so at your own risk. If you chose to email me, please use drchristensen@me.com to contact me. If you would like me to communicate with you via email, please state your email address below and check the item next to, “YES, I approve electronic communication with Dr. Teresa Christensen”

EMAIL address: _____

Phone number for Texting purposes: _____

_____ YES, I approve electronic communications with Dr. Teresa Christensen.

_____ NO, I DO NOT approve electronic communication with Dr. Teresa Christensen.

III. Uses and Disclosures with Neither Consent nor Authorization - Your counselor may use or disclose PHI without your consent or authorization concerning issues such as:

Child Abuse – If your counselor has reasonable cause to know or suspect that a child has been subjected to abuse or neglect, your counselor must immediately report this to the appropriate authorities.

Elder and Domestic Abuse – If your counselor has reasonable cause to believe that an at-risk adult/elder has been mistreated, self-neglected, or financially exploited and is at imminent risk of mistreatment, self-neglect, or financial exploitation, then your counselor must report this belief to the appropriate authorities.

Health Oversight Activities – If the Grievance Board for Unlicensed Psychotherapists or an authorized professional review committee is reviewing my services, your counselor may disclose PHI 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 your counselor will not release information without your written authorization or a court order. The privileged 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.

Serious Threat to Health or Safety – Duty to Warn – When there is a legal duty to warn of a threat from a client of imminent physical violence and when a client is a “danger to self or others” (C.R.S. 27-65-102(4.5)), therapists can require a 72-hour hold and/or hospitalizations. Dr. Teresa Christensen holds a policy regarding the ability to disclose confidential information to request a “Welfare check through law enforcement” in the event that the therapist becomes concerned about the client’s safety or welfare. In this case, your counselor may disclose information in order to initiate hospitalization. The therapist is NOT responsible for charges incurred due to a 72-hour hold or welfare check.

Gravely Disabled – According to C.R.S. 27-65-102(9), “a condition in which a person as a result of a mental health disorder, is incapable of making informed decisions about *or* providing for his or her essential needs without significant supervision and assistance from other people”.

Worker’s Compensation – your counselor 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.

IV. Patient’s Rights and Psychotherapist’s Duties

Patient’s Rights:

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information regarding you. However, your counselor 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 seeing your counselor. On your request, your counselor 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 your counselor’s mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your counselor may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, your counselor 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. Your counselor may deny your request. On your request, your counselor 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, your counselor 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. You will be responsible for costs associated with making paper copies of any clinical documents.

Psychotherapist’s Duties:

Your counselor is required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

Your counselor reserves the right to change the privacy policies and practices described in this notice.

Unless your counselor notifies you of such changes, however, your counselor is required to abide by the terms currently in effect.

If Dr. Teresa Christensen revises any policies and procedures, you will be notified.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision your counselor makes about access to your records, or have other concerns about your privacy rights, you are encouraged to discuss this with your counselor prior to your first session.

If you believe that your privacy rights have been violated and wish to file a complaint with Dr. Teresa you may send your written complaint to:

Dr. Teresa Christensen
32065 Castle Ct., Suite 250-I
Evergreen, CO 80439
303-803-4340

For more information about HIPAA or to file a complaint:
the U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Ave. S. W.
Washington, D.C 20201
877-696-6775

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect IMMEDIATELY. Dr. Teresa Christensen reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that your counselor maintains. CC will provide you with revisions to this policy in writing.

VII. Client Signature of HIPAA agreement

I have read the above terms and understand them as stated. I have been informed of my therapist's policies and practices to protect the privacy of my health information.

Printed Name of Client

Signature of Client/Legal Guardian

Date

Dr. Teresa Christensen

Date