

Deedra Ivie, LPC  
Ivie Wellness Center, LLC  
970-581-8077

## **Notice of Privacy Rights**

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

During the process of providing services to you, Deedra Ivie, will obtain, record and use mental health information. Ordinarily that information is confidential and will not be used or disclosed, except as described below.

### **Uses and disclosures of protected information**

*General uses and Disclosures Not Requiring the Client's Consent.* I will use and disclose protected health information in following ways:

*Treatment.* Treatment refers to the provision, coordination, or management of health care, including mental health care, and related services by one or more health care providers. For example, myself or any staff involved with your care may use your information to plan your course of treatment and consult with other staff to ensure the most appropriate methods are being used to assist you.

*Payment.* Payment refers to the activities undertaken by a health care provider, including a mental health provider, to obtain or provide reimbursement for the provision of healthcare. For example, I will use your information to develop accounts receivable information, bill you, and with your consent provide information to your insurance company for services provided. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, type of service, date of service received.

*Health Care Operations.* Health Care Operations refers to activities undertaken by myself that are regular functions of management and administrative activities. For example, I may use your health information in monitoring service quality, staff training and evaluation, medical review, legal services, auditing functions, compliance programs, business planning, and accreditation, certification, licensing and credentialing activities.

*Contacting the Client.* I may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.

*Required by law.* I will disclose protected health information when required by law or necessary for health care oversight. This includes, but is not limited to: (a) reporting child abuse or neglect; (b) when court ordered to release information; (c) when there is a legal duty to warn or take action regarding imminent danger to others; (d) when the client is a danger to self or others or gravely disable; (e) when required to report certain communicable diseases and certain injuries; and (f) when a Coroner is investigating the client's death.

*Health Oversight Activities.* I will disclose protected health information to health agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, and regulatory programs or determining compliance with program standards.

*Crimes on the premises or observed.* Crimes that are observed by myself that are directed toward myself, or occur on the office premises will be reported to law enforcement.

*Business Associates.* Some of the functions of Ivie Wellness Center are, or could be provided by contracts with business associates. For example, some administrative, clinical, quality assurance, legal, auditing and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those

contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.

*Research.* I may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation are followed.

*Involuntary Clients.* Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers and others, as necessary to provide the care and management coordination needed.

*Family Members.* Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonable inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed.

*Emergencies.* In life threatening emergencies I will disclose information necessary to avoid serious harm or death.

*Client Authorization or Release of Information.* Deedra Ivie may not sue or disclose protected health information in any other way without a signed authorization or release of information. When you sign an authorization, or a release of information, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent I have already taken action in reliance there on.

#### **Your Rights As a Client**

*Access to Protected Health Information.* You have the right to inspect and obtain a copy of the protected health information I have regarding you, in the designated record set. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask me for the appropriate request form.

*Amendment of Your Record.* You have the right to request that I amend your protected health information. I am not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask me for the appropriate request form.

*Accounting of Disclosures.* You have the right to receive an accounting of certain disclosures I have made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment or healthcare operations. In addition, the accounting does not include disclosures made to you or disclosures made pursuant to a signed Authorization. There are other exceptions that will be provide to you, should you request an accounting. To make a request, ask me for the appropriate form.

*Additional Restrictions.* You have the right to request additional restrictions on the use or disclosure of your health information. I do not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request. To make a request, ask for the appropriate request form.

*Alternative Means of Receiving Confidential Communications.* You have the right to request that you receive communications of protected health information by alternative means or at alternative locations. For example, if you do not want me to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such request, which will be provided to you at the time of the request process. To make a request, ask for the appropriate request form.

Copy of this Notice. You have a right to obtain another copy of this Notice upon request.

**Additional Information**

*Privacy Laws.* It is required by State and Federal law to maintain the privacy of protected health information. In addition, I am required by law to provide clients with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this Notice.

*Terms of the Notice and Changes to the Notice.* I am required to abide by the terms of this Notice, or any amended Notice that may follow. I reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted in my service delivery sites and will be available upon request.

*Complaints Regarding Privacy Rights.* If you believe I have violated your privacy rights, you have the right to complain. To file your complaint call:

Deedra Ivie, LPC

Physical Address: 1180 Graves Ave A-8 Estes Park, CO 80517

Mailing Address P.O. Box 229 Drake, CO 80515

970-581-8077

You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to:

The Office of Civil Rights

U.S. Department of Health and Human Services

1961 Stout Street Room 1426

Denver, CO 80294

Phone: 303-844-2024 TDD: 303-844-3439

It is my policy that there will be no retaliation for your filing of such complaints.

*Additional Information.* If you desire additional information about your privacy rights, please contact:

Deedra Ivie, LPC

Physical Address: 880 MacGregor Ave. Estes Park, CO 80517

Mailing Address P.O. Box 229 Drake, CO 80515

970-581-8077

**Effective Date.** This Notice is effective February 1, 2016.

Deedra Ivie, LPC  
Ivie Wellness Center, LLC  
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Acknowledgment of Receipt of Notice

Date: \_\_\_\_\_

Consumer Name: \_\_\_\_\_

I hereby acknowledge that I have received a copy of the Center's Notice of Privacy Rights. (print name above)

Client's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

If not the client, please print and state legal authority to sign for client below.

\_\_\_\_\_

**For Ivie Wellness Center's use Only**

Notice of Privacy Rights was presented to the client or legal guardian today, but the client or legal guardian did not sign this acknowledgement because:

\_\_\_\_\_ The client refused to sign.

\_\_\_\_\_ The legal guardian refused to sign.

\_\_\_\_\_ The client was incapable of signing.

\_\_\_\_\_ Other: \_\_\_\_\_

Therapist's Signature \_\_\_\_\_ Date: \_\_\_\_\_