

TRCS, LLC
and
Renee Storm, LPC, CAC III, CSAT, EMDR
14960 Woodcarver Rd. Ste #202
Colorado Springs, CO 80921
720-281-0495

Notice of Policies and Practices to Protect the Privacy of Your Health Information

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. During the process of providing services to you, Renee Storm, LPC, CAC III, CSAT, EMDR will obtain, record, and use mental health and medical information about you that is protected health information. Ordinarily that information is confidential and will not be used or disclosed, except as described below.

I. Uses and Disclosures of Protected Information

A. General Uses and Disclosures not Requiring Client Consent – Renee Storm, LPC, CAC III, CSAT, EMDR will use and disclose protected health information in the following ways.

1. **Treatment** - Treatment refers to the provision, coordination, or management of health care and related services by one or more health care providers, including the treatment team within the counseling practice.
2. **Payment** - Payment refers to the activities undertaken by a health care provider to obtain or provide reimbursement for the provision of health care. 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, provider name, and other information about your condition and treatment.
3. **Health Care Operations** - Health Care Operators refers to activities undertaken by Renee Storm LPC, CAC III, CSAT, EMDR that are regular functions of management and administrative activities including monitoring of service quality, staff planning, accreditation, certification, licensing, and credentialing activities.
4. **Contacting the Client** – Renee Storm, LPC, CAC III, CSAT, EMDR may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.
5. **Required by Law** – Renee Storm, LPC, CAC III, CSAT, EMDR 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 disabled; (e) when required to report certain communicable diseases and certain injuries; and (f) when a coroner is investigating the client's death.
6. **Health Oversight Activities** – Renee Storm, LPC, CAC III, CSAT, EMDR will disclose protected health information to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, regulatory programs or determining compliance with program standards.
7. **Crimes on the Premises or Observed by Company Personnel** - Crimes that are observed by Renee Storm, LPC, CAC III, CSAT, EMDR that are directed toward staff or occur on the company's premises will be reported to law enforcement.
8. **Business Associates** - Some of the functions of Renee Storm, LPC, CAC III, CSAT, EMDR are provided by contracts with business associates. 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.
9. **Research** – Renee Storm, LPC, CAC III, CSAT, EMDR may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulations are followed.
10. **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.
11. **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 reasonably 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.
12. **Emergencies** - In life threatening emergencies, Renee Storm, LPC, CAC III, CSAT, EMDR staff will disclose information necessary to avoid serious harm or death.

B. Client Release of Information or Authorization – Renee Storm, LPC, CAC III, CSAT, EMDR may not use or disclose protected health information in any other way without a signed Consent for Release of Information. After this form is signed, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent Renee Storm, LPC, CAC III, CSAT, EMDR has already taken action in reliance thereon.

II. Your Rights as a Client

- A. **Access to Protected Health Information** – You have the right to inspect and obtain a copy of the protected health information Renee Storm, LPC, CAC III, CSAT, EMDR has regarding you. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. The request form will be provided upon request.
- B. **Amendment of your record** - You have the right to request that a Renee Storm, LPCC, CAC III mend your protected health information. Renee Storm, LPC, CAC III, CSAT, EMDR is not required to amend the record if it is determined that the record is accurate and completed. The request form will be provided upon request.
- C. **Accounting of Disclosures** - You have the right to receive an accounting of certain disclosures Renee Storm LPC, CAC III, CSAT, EMDR has made regarding you protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you or disclosures made pursuant to a signed authorization. The request form will be provided upon request.
- D. **Additional Restrictions** – You have the right to request additional restrictions on the use or disclosure of you health information. Renee Storm, LPC, CAC III, CSAT, EMDR does not have to agree to that request and there are certain limits to any restriction. The request form will be provided upon request.
- E. **Alternative Means of Receiving Confidential Communications** – You have the right to request that you receive communications of protected health information from Renee Storm, LPC, CAC III, CSAT, EMDR by alternative means or at alternative locations. The request form will be provided upon request.
- F. **Copy of this Notice** – You have the right to obtain another copy of this notice upon request.

III. Additional Information

- A. **Privacy Laws** – Renee Storm, LPC, CAC III, CSAT, EMDR is required by State and Federal law to maintain the privacy of protected health information. In addition, Renee Storm, LPC, CACIII, CSAT, EMDR is required by law to provide clients with notice of its legal duties and privacy practices with respect to protected health information.
- B. **Terms of the Notice and Changes to the Notice** - Renee Storm, LPC, CAC III, CSAT, EMDR is required to abide by the terms of this notice, or any amended notice that may follow. Renee Storm, LPC, CAC III, CSAT, EMDR reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. When the notice is revised, the revised note will be available upon request.
- C. **Complaints Regarding Privacy Rights** – If you believe Renee Storm, LPC, CAC III, CSAT, EMDR has violated your privacy rights, you have the right to file a complaint to 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 Avenue, S.W., Room 515F, HHH Bldg., Washington, D.C. 20201. It is the policy of Dara Hoffman, LPC that there will be no retaliation for your filing of such complaints.
- D. **Additional Information** – Contact a Renee Storm, LPC, CAC III, CSAT, EMDR for questions, concerns, or additional information about your privacy rights as a client.

ACKNOWLEDGMENT

By signing below I acknowledge that I have received a copy of this therapist’s Notice of Privacy Practices form.

 (Client Signature) (Date)

 (Parent or Guardian Signature) (Date)

Refusal to Sign Acknowledgement

 (Client Name) (Date)

 Signature, Renee Storm, LPC, CAC III, CSAT, EMDR