Colorado HIPAA Notice Form – Notice of Psychologist’s Policies and Practices to Protect the Privacy of Your Health Information (PHI)

Note, this is a ‘general’ Notice Form, and there are certain exceptions to the general, or standard, Uses/Disclosures of Personal Health Information, with respect to activities undertaken for evaluation/treatment in reasonable anticipation of legal proceeding, specifically, with respect to Forensic Evaluation. At your intake appointment, you will be provided with a thorough review of the various exceptions, concerning the use/disclosure/release of information, and access of your PHI. What follows here constitutes a general notice of non-court-related services:



* Use applies only to activities within FreedomChoice LLC, such as sharing, employing, utilizing, examining and analyzing information that identifies you.
* Disclosure applies to activities outside of this office, such as releasing, transferring, or providing information about you to other parties.





* Note, that under HIPAA, you are not entitled to copies of, or an inspection of, “Psychotherapy Notes” and HIPAA does not differentiate these kinds of notes from evaluation notes/records. Additionally, you are not entitled to any raw data, obtained from psychological testing.



* Note, if you are involved in a psychological evaluation/assessment/examination, which is conducted in reasonable anticipation of a legal proceeding, you may be in violation of court-order, if you attempt to revoke authorization. Further, revocation of an authorization may not be possible, with respect to a court-ordered procedure, to include treatment and/or evaluation.









 If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact Chan Timmons, chan@freedomchoicehealth.com or 720-213-5955. You may send a written complaint to Chan Timmons 5420 S. Quebec Street, Suite 102, Greenwood Village, CO 80111, if you believe your privacy rights have been violated. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, and our office can provide you with an appropriate address upon request.



Attestation of review and access to the HIPAA Privacy Policy:

Client Signature/Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may print, sign, and bring this form in with you, to your intake; all HIPAA forms are available through this office.

5655 South Yosemite, Ste 109

Greenwood Village, CO 80111

720-213-5955