

Colorado HIPAA Notice Form- Notice of Mental Health Provider'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:

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.

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

I may use or disclose your protected health information (PHI) for treatment, payment, and health care 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, Payment and Health Care Operations"*
 - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another clinician.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- Use applies only to activities with 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.

II. Uses and Disclosures Requiring Authorization

I 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 I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection from PHI.

- 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.

You may revoke all such authorizations (of PHY or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) 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.

- 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.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse*- If I have reasonable cause to know or suspect that a child has been subjected to abuse or neglect, I must immediately report this to the appropriate authorities.
- *Adult and Domestic Abuse*- If I have reasonable cause to believe that an at-risk adult has been mistreated, self-neglected, or financially exploited, and is at imminent risk of mistreatment, self-neglect, or financial exploitation, then I must report this belief to the appropriate authorities.
- *Health Oversight Activities*- If the Colorado State Board of Psychologist Examiners or an authorized professional review committee is reviewing my services, I 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 that state law, and I 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.
- *Worker's Compensation*- I 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.

There may be additional disclosures of PHI that I am required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

IV. Patient's Rights and Clinician'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, I am 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 me. On your request, I 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 my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I 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. I may deny your request. On your request, I 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, I will discuss with you the details of the accounting process.
- *Right to 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.

Clinician’s Duties:

- I am 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.
- I reserve the right to change the privacy polices and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide you with a revised notice either in person or by mail.

V. Questions and Complaints

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 5655 S. Yosemite, Ste. 109, 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.

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

This notice will go into effect on January 1, 2018.

I reserve the right to change the terms of this notice and to make the new notice provision effective for all PHI that I maintain. I will provide you with a revised notice either in person or by postal mail.

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 S. Yosemite, Ste. 109

Greenwood Village, CO 80111

720-213-5955