

NOTICE OF PRIVACY PRACTICES

Effective January 2022

This notice describes how medical information (behavioral healthcare) about you may be used and disclosed and how you can get access to this information. Please review it carefully.

My Practice is required by State and Federal law to maintain the privacy of protected health information. In addition, the Practice is required by law to provide clients with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to your mental health information, and to request that you sign the attached written acknowledgement that you received a copy of this Notice. This Notice describes how the Practice may use and disclose your protected health information. This Notice also describes your rights regarding your protected health information and how you may exercise your rights.

“Protected Health Information, PHI”, is information the Practice has created or received about your physical or mental health condition, the health care we provide to you, or the payment for your health care; and identifies you or could be reasonably used to identify you. It includes your identity, diagnosis, dates of service, treatment plan, and progress in treatment.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Permissible Uses and Disclosures Not Requiring Your Written Authorization Your mental health information may be used and disclosed in the following ways.

Treatment: Your mental health information may be used and disclosed in the provision and coordination of your healthcare. For example, this may include coordinating and managing your health care with other health care professionals (i.e. psychiatrists, physician). Your mental health information may be used and disclosed when I consult with another professional colleague, or if you are referred for medication, or for coverage arrangements during my absence. In any of these instances only information necessary to complete the task will be provided. You may be asked to authorize a release of information for some treatment disclosures even though it is not required as a way to inform and involve you with your course of treatment.

Payment: Your mental health care information will be used to develop accounts receivable information, to bill you, and to your insurance company or other third party payer for services provided (if applicable). The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, dates and type of service, and other information about your condition and treatment, but will be limited to the least amount necessary for the purposes of the disclosure. If using insurance, the person in your family who pays the insurance may be receive the billing information.

Health Care Operations: Your mental health information may be used and disclosed in connection with our health care operations, including quality improvement activities, training programs and obtaining legal services. Only necessary information will be used or disclosed.

Required or Permitted by Law: Your mental health care information may be used or disclosed when I am required or permitted to do so by law or 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 to take action regarding imminent danger to others; (d) when the client is a danger to self or others or gravely disabled; (e) when a coroner is investigating the client’s death; or (f) 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, or regulatory compliance.

Contacting the Client: You may be contacted to remind you of appointments/payments and to tell you about treatments or other services that might be of benefit to you.

Substance Abuse Health Information: The confidentiality of records related to the diagnosis, treatment, referral for treatment or prevention of alcohol or drug abuse is protected by the federal law and regulations (42 U.S.C. 290dd-3 and 42 U.S.C 29033-3, and 42 C.F.R. part 2). Generally, a substance abuse program may not disclose to anyone outside the program that you attend the program or disclose any information identifying as an alcohol or drug abuser unless you consent in writing, the disclosure is allowed by a court order, the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research audit or program evaluation, or you commit or threaten to commit a crime either at the program or against any person who works for the program. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. State law requires, and federal law permits, a substance abuse program to report suspected child abuse or neglect to appropriate authorities. Violations of the federal law and regulations by a program are a crime.

Rights of Minors: Pursuant to section 27-65-103, a person aged 12 or older may consent to mental health treatment and authorize disclosure of information as if they were an adult. Parents or legal guardians, however, may request information about a minor's mental health treatment and may receive it without the minor's permission if a professional person judges it to be in the minor's best interests. A minor of any age may consent to substance abuse treatment. Parents or legal guardians may not have access to their child's substance abuse treatment information without written authorization from the minor. All other provisions of the privacy notice apply equally to adults and to minors.

Emergencies: In life threatening emergencies the practice will disclose information necessary to avoid serious harm or death.

Crimes on the premises or observed by the provider: Crimes that are observed by the therapist or the therapist's staff, crimes that are directed toward the therapist or the therapist's staff, or crimes that occur on the premises will be reported to law enforcement.

Lawsuits, Disputes, and Law Enforcement: If you are involved in a lawsuit or legal action, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We may release medical information about you if asked to do so by a law enforcement official; in response to a court order, subpoena, warrant, summons, or similar lawful process, provide limited information to identify or locate a suspect, fugitive, material witness, or missing person, about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's authorization, about a death we believe may have been the result of criminal conduct, about criminal conduct at Four Corners Counseling, in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Business Associates: Some of the functions of the practice may be provided by contracts with business associates. For example, some of the billing, 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.

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 reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of the discussion. However, if the client objects, protected health information will not be disclosed.

Public Health: If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety: We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission: We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

Deceased Patients: We may disclose PHI regarding deceased patients as mandated by state law. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate.

Uses and Disclosures Requiring Your Written Authorization or Release of Information

Except as described above, or as permitted by law, other uses and disclosures of your mental health information will be made only with your written authorization to release the information. When you sign a written authorization, you may later revoke the authorization in writing as provided by law. However, that revocation may not be effective for actions already taken under the original authorization.

Psychotherapy Notes: Psychotherapy notes are maintained separate from your mental health record. These notes will be used only by your therapist and disclosure will occur only under these circumstances: (a) you specifically authorize their use or disclosure in a separate written authorization; or (b) the therapist who wrote the notes uses them for your treatment; or (c) they may be used for training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills; or (d) if you bring a legal action and we have to defend ourselves; and (e) certain limited circumstances defined by the law.

YOUR RIGHTS AS A CLIENT

Additional Restrictions: You have the right to request additional restrictions on the use or disclosure of your mental health information. However, the clinician does 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. Your request must be made in writing and must include what information you want to limit, and to whom you want the limit to apply.

Alternative Means of Receiving Confidential Communications: You have the right to request that you receive communications from the practice by alternative means or at alternative locations. For example, you may request that bills and other correspondence be sent to an address other than your home address or that we contact you on a certain phone number only. We will accommodate all reasonable requests. Your request must be made in writing and specify how or where you wish to be contacted. Unless otherwise requested, for day-to-day operations, email and/or text is the preferred mode of communication.

Access to Protected Health Information: Colorado Law and professional ethical standards grant you a right to reasonable access to your designated record and billing record. With a written request, you may have a copy of your record or a summary of treatment if you agree to a summary. However, any psychotherapy notes are for the use of your therapist and are treated differently. If it is thought that access to your mental health records would harm you, your access may be restricted. Ask your clinician for the Request Form for PHI and the appeal process.

Amendment of Your Record: You have the right to request an amendment or correction to your protected health information. If the clinician agrees that the amendment or correction is appropriate, the Practice will ensure the amendment or correction is attached to the record. An appeal process is available if the clinician determines the record is accurate and complete as is. Ask your clinician for the Request Form PHI and the appeal process available to you.

Accounting of Disclosures and Breach Notification: You have the right to receive an accounting of certain disclosures the practice has made regarding your 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, disclosures authorized by you, or disclosures made prior to December 1, 2012. Other exceptions will be provided to you, should you request an accounting. Ask your clinician for the Request Form. If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to Revoke Consent or Authorization: You have the right to revoke your consent or authorization to use or disclose your mental health information, except for action that has already taken place under your consent or authorization.

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

The Practice is required to abide by the terms of this Notice, or any amended Notice that may follow. The Practice reserves 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 changes are made, the revised Notice will be posted at the Practice's office and copies will be available upon request.

If you believe the Practice has violated your privacy rights, you may file a complaint with the person designated within the Practice to receive your complaints, Amie Bryant, by sending written notice to amie@fourcornerscounseling.com. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the the Secretary of the U.S. Department of Health and Human Services, Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, or email to OCRComplaint@hhs.gov.

It is the policy of the Practice that there will be no retaliation for your filing of such a complaint.

Acknowledgement

If you have any questions or would like additional information, please feel free to ask. By signing this document electronically, I agree that I have read the preceding information, I understand the information contained in this form, and all my questions have been answered to my satisfaction.