

Notice of Counseling Policies and Practices to Protect the Privacy of your Health Information

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We urge you to reach this Notice of Privacy Practices carefully so that you will understand both our commitment to the privacy of your protected health information, and how you can participate in that commitment.

THIS NOTICE DESCRIBES HOW COUSELING INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

During the process of providing services to you, PCD Counseling 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 in this document.

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

PCD Counseling 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 we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychotherapist.
 - *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we 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 PCD. 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 within PCD such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
 - "Disclosure" applies to activities outside of PCD such as releasing, transferring, or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization

PCD may use or disclose PHI for purposes outside of treatment, payment, and 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 PCD is asked for information for purposes outside of treatment, payment and health care operation, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes that therapists have made about our conversation during a private, group, joint, or family counseling session, which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your counselor has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization

Your counselor may use or disclose PHI without your consent or authorization only in the following circumstances:

- **Child Abuse:** If there is reasonable cause to believe that a child has been subject to abuse, the therapist must report this immediately to the county child protective services provider.
- **Adult and Domestic Abuse:** If a therapist reasonably believes that a vulnerable adult is the subject of abuse, neglect, or exploitation, he/she may report the information to the county adult protective services provider.
- **Health Oversight:** If the Colorado Grievance Board issues a subpoena, a PCD therapist may be compelled to testify before the Board and produce your relevant records and papers.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that PCD has provided you and/or the records thereof, such information is privileged under state law, and we can not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. PCD must inform you in advance if this is the case.

Serious Threat to Health or Safety: If you communicate to your PCD therapist a threat or imminent serious physical violence against a readily identifiable victim or yourself, and the therapist believes you intend to carry out that threat, that therapist must take steps to warn and protect. The therapist also must take such steps if he/she believes that you intend to carry out such violence even if you have not made a specific verbal threat. The steps the therapist takes to warn and protect may include (1) arranging for you to be admitted to a psychiatric unit of a hospital or other health care facility; (2) advising the police of your threat and the identity of the intended victim; (3) warning the intended victim or his or her parents if the intended victim is under 18; (4) warning your parents if you are under 18.

Workers' Compensation: If you file a worker's compensation claim, the PCD therapist may be required to release relevant information from your mental health records to a participant in the worker's compensation case, a reinsurer, another health care provider, medical and non-medical experts in connection with the case, or the Division of Workers' Compensation.

Client's Rights and Counselors' Duties

1. **Right to Request Restrictions** — You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, the PCD therapist is not required to agree to a restriction that you request 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 a PCD therapist. Upon your request, the therapist will send your bills to another address.)
3. **Right to Inspect and Copy** — You have the right to inspect or obtain a copy of your PHI and/or psychotherapy notes in the record. The therapist may deny your access to PHI under certain circumstances. However, in some of these cases, you may have this decision reviewed. On your request, the therapist will discuss with you the details of the request and denial process.
4. **Right to Amend** — You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your therapist may deny your request. On your request, the therapist will discuss with you the details of the amendment process.
5. **Right to an Accounting** — You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in "Uses and Disclosures with Neither Consent nor Authorization" of this Notice). On your request, your therapist will discuss with you the details of this accounting process.
6. **Right to a Paper Copy** — You have the right to obtain a paper copy of this notice from your therapist upon request, even if you have agreed to receive the notice electronically.

Counselor Duties:

1. PCD therapists are required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
2. PCD reserves the right to change the privacy policies and practices described in this notice. Unless PCD notifies you of such change, however, we are required to abide by the terms currently in effect.
3. If PCD revises its policies and procedures, we will post the revision in our offices, or waiting rooms, and mail it to persons whom PCD believes are particularly affected by it.

Complaints

If you are concerned that PCD has violated your privacy rights, or you disagree with a decision that we have made about access to your records, you may contact Clinical Director, Dr. David DeBord.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, Dr. DeBord (303,741,5588 X16) can provide you with the appropriate address upon request.

Effective Date, Restrictions and Changes to Privacy Policy
 This notice will go into effect on January 1, 2019

PCD reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by posting the revision in our offices, waiting rooms, and mail it to persons whom we believe are particularly affected by it.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS

Client Signature _____

Print your name _____

Date _____