

## **HIPAA Notice of Privacy Practices**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and other purposes that are permitted or required by law.

1. **Uses and Disclosure of PHI-** Your PHI may be used and disclosed by your therapist and our office staff involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, and any other use required by law.
2. **Treatment-** We will use and disclose your PHI to provide, coordinate, or manage your health care and related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI with a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
3. **Payment-** Your PHI will be used, as needed, to obtain payment for your health care services. For example therapy notes may need to be sent to the health plan for approval of therapy visits or payment of therapy visits.
4. **Healthcare Operations-** We may use or disclose, as-needed, your PHI in order to support the business activities of the practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training employees, licensing and conducting or arranging for other business activities. We may call you by name in the waiting room when the therapist is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may use or disclose your PHI in the following situations without your authorization include: as required by law, public health issues, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, criminal activity, military activity, national security, workers' compensation, inmates. Required uses and disclosures: under the law, we must make disclosures to you and when required by the secretary of the department of health and human services to investigate and determine our compliance with the requirements of Section 164.500.
5. Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.
6. You may revoke this authorization, at any time, in writing, except to the extent that your therapist or the therapist's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

### **Your Rights**

- You have the right to inspect and copy your PHI.
- You have the right to request a restriction of your PHI.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us.
- You may have the right to have your therapist amend your PHI.
- You have the right to receive an accounting of certain disclosure we have made, if any, of your PHI.
  
- You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our compliance officer at (970) 204-4263. We will not retaliate against you for filing a complaint.