**Notice of Privacy Practices**

Cindy R. Richman, M.A., L.P.C.

10 Boulder Crescent Street STE 102H

Colorado Springs, CO 80903

(719) 477-0550 Office (719) 471-7840 Fax

It is important for you to be aware of how your medical information may be used and disclosed. On April 14, 2003, a federal law was put in place that unified privacy standards for all patients regarding their medical records and health information. Detailed information can be accessed on the internet by researching the following website: <http://www.state.co.us/gov_dir/govnr_dir/ospb/hipaa/>. At Family Ties Counseling, it is our legal duty to safeguard your health information. Below is a summary of your rights including how your private information will be used or when it may be disclosed.

I. **Introduction.** This Notice of Privacy Practices will tell you how we handle your medical information. By reading this notice you will learn how we use your information in this office, how we share it with other professionals and organizations, and how your information is displayed. Since your information is valued and confidential, it is essential for you understand how it is used so that you can make good decisions for you and your family. The HIPAA laws are very complicated and this Notice is therefore summarized for your benefit. If you have any questions please ask for more explanations or details.

II. **Understanding what** y**our Protected Health Information (PHI) i**s**.** Each time you visit a healthcare providers office, information is gathered about you pertaining to your physical and/or mental health. This information is called your Protected Health Information, or PHI and identifies you as the client or patient. This PHI may be simple information like your name, address, billing information and phone number, or detailed information like your past, your diagnosis, or any identifying information in your file. This information goes into your healthcare record, or, your file in our office. At Family Ties Counseling, the information that is acquired will pertain to your mental or emotional health and may include both family, medical, and past and current information about your daily life. The following will provide an overview of some of the information that may go in your chart, but is not an exhaustive list:  
• Diagnosis. Your diagnosis is the medical term that is used to identify what you are struggling with.   
• Treatment Plan. Your treatment plan is the plan that will be created to identify what needs to happen for you to get better.   
• Intake Information. Intake information is your past history and current details related to what is going on in your life.  
• Progress Notes. Notes are kept for each session which summarize what has been discussed in session and include assignments, progress, and observational information.   
• Other Records. I may receive information from outside sources regarding other treatments you have received, psychological tests you have taken etc. This may include legal or educational information, medical history, medications and doctors you are seeing.  
• Billing and insurance information.

This information is important in making an assessment and plan of how best to treat you and provide the services that will most quickly provide relief. Your PHI may be used for the following reasons:

• To plan your care or treatment.

• To decide how well treatment has been working for you.

• To provide continuity of care so that we can get information from other people that are treating you such as your medical doctor or psychiatrist.

• To show that you actually received the services that have been billed to the insurance company.

• For teaching and training other healthcare professionals.

• For medical or psychological research.

• For public health officials trying to improve health care in this area of the country.

• To improve the way I do my job in measuring the results of my work.

When you understand what is in your record and what it is used for you can make better decisions about who, when, and why others should have this information. Although your health record is the physical property of Family Ties Counseling, the information itself belongs to you.

III. **Privacy.** Family Ties Counseling is required to tell you about privacy because of the privacy regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA law requires your Protected Healthcare Information (or PHI) to be kept private and to provide you with this notice of our legal duties and privacy practices which is called the Notice of Privacy Practices (or NPP). Family Ties Counseling will work diligently to follow these guidelines as we believe your privacy is a high priority. Family Ties Counseling does reserve the right to change the policy but will inform clients when changes are made by keeping an updated Notice posted in the office. You are welcome to ask for a copy of this policy at any time.

IV. **How Family Ties Counseling will use and disclose your PHI:** Your PHI will be used and may be disclosed for several reasons. *Using* your PHI means reading, applying, utilizing, examining or analyzing your personal information. *Disclosing* your PHI is releasing, transferring, sharing or communicating any of your information with a third party. In order to provide services, Family Ties Counseling must obtain personal information about you and your life. You will be asked to sign a Release of Information so that Family Ties Counseling can receive and share information for various purposes. If a release is not signed by you, we will likely be unable to treat you. A Release of Information is required so that we can provide treatment, obtain payment, and provide the best healthcare possible.

A. **For the purposes of treatment.** We may share your PHI with appropriate medical and/or clinical staff who are providing you with health care or clinical services. These staff may include psychologists, psychiatrists, physicians or other health care providers that are involved in your care. There may be times when a Release of Information cannot be physically signed prior to talking to a professional. In such cases, a verbal release will be obtained from you, and a note written in your chart. At the next appointment, you will be asked to sign a Release of Information to complete your chart. Sharing information with other health care providers is essential so that the best treatment can be planned and provided. When your care is coordinated, you are much more likely to have positive and quick results in treatment. We are not required to obtain a Release of Information to talk about your treatment with such providers but will attempt to do so out of respect for your privacy.

B. **For the purposes of billing, payment and improvement:** Your PHI may be provided to insurance companies, collection agencies, health plan providers, billing companies or similar organizations that must be consulted regarding processing and payment for services rendered. These companies may require information relative to your treatment including your diagnosis, your progress, your treatment plan and other information relative to billing and payment. Finally, we may use your PHI to see where we can make improvements in the care and services provided. Government health agencies may request information so they can study disorders and treatment and make plans for services that are needed. When this information is given, your personal details including your name, address and identifying information will be excluded.

C. **For health care operations.** Family Ties Counseling is dedicated to providing the best care possible to our clients. In order to ensure that Family Ties Counseling is in compliance with current rules, treatment protocols, and laws, we will periodically obtain services from outside providers such as accountants, lawyers, and clinical supervisors and colleagues. Your PHI may be shared with these individuals for the purposes of quality and clinical control. Some information may be provided to essential business associates such as copy services or accountants. Although they are not directly involved in your care, their services are essential to the operation of Family Ties Counseling. We will ensure that these organizations and individuals agree to safeguard your information.

D. **Appointment reminders:** Family Ties Counseling may use and disclose your PHI in order for the purposes of re-scheduling appointments or reminding you of upcoming appointments. You have a right to identify when, where, and how you want to be notified or contacted.

E. **Treatment alternatives/other benefits & services.** Your PHI may be used or disclosed in order to tell you about other treatments or alternatives that may benefit you. For example, you may benefit from a group or meeting in that is being offered in the community.

F. **Research.** Your PHI may be used to do research or to identify which treatments would be most beneficial and cost-effective. When this information is provided, your identifying information will be excluded. When a request is made by a researcher or team for personal identifying information, we will ask you for a Release of Information.

G. **Emergencies.** Circumstances may arise which may require obtaining emergency medical attention. Should the case arise that you would be unable to seek medical assistance because you are medically incapable of doing so, your PHI may be shared with the medics or physicians treating you.

V. **Use and disclosure of your PHI may be disclosed without your consent when mandated by outside federal and state laws.**

A. When there is a Public Health risk involving you, or others in the community.   
• To prevent a serious threat to the health and or safety of the public.  
• To report alleged or suspected child abuse or neglect.  
• To report abuse of the elderly or at-risk adults.  
• To report alleged or suspected prenatal exposure to controlled substances that are potentially harmful to the unborn child.   
• To report births or deaths.  
• To prevent or control disease, injury or disability to others.  
• To report reactions to medications.  
• To notify people of recalls of medications they may be using.  
• To notify a person who may have been exposed to a disease or who may be at risk of contracting a disease.  
• When required by law to inform the appropriate authorities if we believe a client has been the victim of abuse, neglect, or domestic violence.   
• When a threat has been made to a person or people in the community. When a threat of harm to people has been made, the person that was threatened is notified, and the police or other relevant agencies are notified of the threat.   
• Disclosure may be required if Family Ties Counseling becomes concerned that a client or individual is a danger to themselves, to others or to their property.

1. **When there is a lawsuit, legal actions or dispute.** If you are involved in a lawsuit or legal proceeding, we may disclose health information about you in response to a court or administrative order received from a judge.
2. **When law enforcement requires us to do so.** We may be required to release your PHI when asked to do so by law enforcement officials for any of the following reasons.  
   • In response to a court order, warrant, summons, or similar lawful process.  
   • When limited information is needed to identify or locate a suspect, fugitive, material witness, or missing person.  
   • About the victim of a crime if we have been unable to obtain the person’s authorization.  
   • About a death we believe may have been the result of criminal conduct.  
   • About criminal conduct at our offices or against any staff member, visitor, another client, or against property.  
   • In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person believed to have committed the crime.

D. **For health oversight activities.** There may be a need to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider. These oversight activities are required to ensure compliance with laws and may include audits, investigations, inspections or licensure.

E. **For coroners, medical examiners, and funeral directors.** We may be required to disclose information to a coroner or medical examiner should there be a need to identify a deceased person or determine the cause of death. We may also provide information about clients to a funeral director to carry out their duties.

F. **When National security and intelligence activities require us to do so.** We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. This may include the disclosure to those who provide protection for the President, and other heads of state.

G. **As required by law.** There may be other situations that will require Family Ties Counseling to disclose your information as required by federal, state of local law.

**VI. There are certain uses and disclosures that you to have the opportunity to object.**

A. **Disclosure made to your friends, family or acquaintances.** With your permission, Family Ties Counseling may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

**VII. You have certain rights regarding your PHI.**

A. **You have the right to see and get copies of your PHI.** In general, clients that are of age have the right to see their health record and to obtain copies of the record. The request must be made in writing. A response will be made to you within 30 days of your request. There may be particular circumstances where your therapist may feel that it is important to deny your request. In this case, a written explanation will be provided to you with the reason(s) for your denial. When a denial is given, you have the right to have your denial reviewed. If you are requesting a copy of your chart, a fee will be assessed of $.25 per page to cover expenses. A summary or explanation of your record may be recommended by your therapist.

B. **You have the right to request restrictions of how your PHI is used.** You have the right to ask that we restrict how we use and disclose your PHI. While Family Ties Counseling will consider your request, we are not legally bound to agree. When your requested restrictions are accepted by Family Ties Counseling, we will put those limits in writing and abide by them unless there is an emergency situation. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make. In order to request a restriction, you must submit the restriction in writing to Cindy Richman of Family Ties Counseling.

C. **The right to choose how I send your PHI to you.** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). You must complete the Waivers and/or Special Instructions form to indicate how and where you want to be contacted.

D. **The right to get a list of the disclosures I have made.** You are entitled to a list of disclosures of your PHI that have been made. The list does not include information disclosed for uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family. In addition, the list will not include disclosures made before April 15, 2003 or older than seven years. Your request must be submitted in writing to Cindy Richman of Family Ties Counseling. A response will be provided within 30 days of receiving the request. You may request one list per year.

E. **The right to amend your PHI.** If you believe that your PHI is incorrect or incomplete you may request that we amend the information. In order to request an amendment, you must submit your request in writing to Cindy Richman at Family Ties Counseling. You must include the reasons that support your request. You will receive a response within 30 days of receiving your request. If your request is denied, a written response will be provided to you along with the reasons for the denial. Family Ties Counseling has the right to deny your request if your request suggests that you want to amend information that:  
• Is accurate and correct.  
• Is not a part of the PHI that is kept by Family Ties Counseling.   
• Is not a part of the PHI that you are permitted to inspect or copy.  
• That was not created by us but was supplied by another person or organization.

**F. The right to receive a copy of this notice.** You have the right to request a copy of this notice.

VIII. **Other uses and disclosures require your prior written authorization.** In any other situation not described in this notice, you will be asked to complete a Release of Information before your PHI is disclosed. Once you have signed an Release of Information to disclose your PHI, you may later revoke that authorization in writing, to stop any future uses and disclosures.

IX**. Change of this Notice.** Family Ties Counseling reserves the right to change this Notice at any time. When a change is made, it will be posted in the office for your review.

X. **Complaints.** You have the right to complain if you should feel that your privacy rights have been violated. You may register your complaint with Cindy Richman at Family Ties Counseling, and you may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint, no retaliation will be taken against you.

XII. **Effective date.** This notice went into effect on April 14, 2003.