

HIPAA Notice of Privacy Practices

Your Information. Your Rights. My Responsibilities.

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

How I May Use and Disclose Health Information About You:

With Your Authorization.

In general, I may use or disclose your protected health information (PHI) when you give your authorization to do so in writing on a form that specifically meets the requirements of laws and regulations that apply. There are some exceptions and special rules that allow for uses and disclosures without your authorization or consent. They are listed in this document. For uses and disclosures not listed in this document, I will only release information with your appropriate authorization.

You may revoke your authorization except to the extent that I have already taken action upon the authorization. If you wish to revoke your authorization, you will need to deliver a written and signed statement to me. I also ask that you notify me in person or by phone to be certain that I have received the document.

The following uses of PHI would require your written permission: Marketing purposes; sale of your information; research, most sharing of psychotherapy notes. Please note that, as a psychotherapist, I do not share your PHI for marketing purposes and I do not sell your information.

Without Your Authorization.

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. In most cases, I am limited to disclosing the minimum information necessary to accomplish these purposes. As a social worker licensed in this state and as a member of the National Association of Social Workers, it is my practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the NASW Code of Ethics and HIPAA.

For Treatment. Your PHI may be used and disclosed by professions who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. Federal privacy rules (regulations) allow health care providers who have direct treatment relationship

with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization. Disclosures for treatment purposes are not limited to the minimum necessary standard, because physicians and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care among health care providers or by a health care provider with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

For Payment. I may use and disclose PHI so that I can receive payment for the treatment services provided to you. For example, if you elect to use your health insurance, I may disclose PHI to your insurance company for payment related activities. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Appointment Reminders. I may contact you to send reminder notices of future appointments for your treatment.

Medical Emergencies. I may use or disclose your PHI in a medical emergency situation to medical personnel in order to prevent serious harm. My staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Deceased Patients. I may disclose PHI regarding deceased patients to a coroner, medical examiner or other authorized person under laws requiring the collection of death or other vital statistics, or which permit inquiry into the cause of death. I may disclose PHI to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

For Public Health Activities, including reporting suspected child, elder, or at-risk adult abuse , or preventing serious threat to anyone’s health or safety. I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child, elder, or at-risk adult abuse or neglect.

Duty to Warn. I 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.

Judicial and Administrative Proceedings. I may disclose your PHI pursuant to a subpoena, court order, administrative order or similar process.

Commission of a Crime on Premises or against Program Personnel. I may disclose your protected health information to the police or other law enforcement officials if you commit a crime on the premises or against program personnel or threaten to commit such a crime.

Health Oversight. If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include state licensure or certification agencies, government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

Family Involvement in Care. I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Specialized Government Functions. I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health. If required, I 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.

Business Associates: I may enter into contracts with business associates to provide billing, legal, auditing, and practice management services that are outside entities. 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.

Fundraising. I may send you fundraising communications at one time or another. You have the right to opt out of such fundraising communications with each solicitation you receive.

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

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

Get an electronic or paper copy of your medical record

- You have the right to ask for an electronic (if your records are maintained electronically) or paper copy of your medical record.
- I will provide a summary of the health information that is contained in a “designated record set.” A designated record set includes mental health/medical and billing records. Your right to this information will be restricted in situations in which there is compelling evidence that access would cause serious harm to you or others or if the information is contained in separately maintained psychotherapy notes. I will provide this treatment summary, usually within 30 days of your request.

Ask me to correct your medical record

- You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.
- I may say “no” to your request, but I’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Please make this request in writing. If you make changes to your preferred contact via a healthcare portal, please also notify me in person or by phone, as well.
- I will say “yes” to all reasonable requests.

Ask me to limit what I use or share

- You can ask me not to use or share certain health information for treatment, payment, or my operations. I am not required to agree to your request, and I may say “no” if I believe that it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. This request must be made prior to the service being rendered or at the time of the service. Limiting

disclosure once your health insurer has already been contacted will not be possible. Otherwise, I will say “yes” unless a law requires me to share that information.

Get a list of those with whom I’ve shared information

- You can ask for a list (accounting) of the disclosures I have made other than for treatment, payment, health care operations, those required by legal mandate or for which you provided me with an authorization. This list applies only to disclosures made prior to the date of your request, is limited to six years prior to the date you ask, and does not apply to disclosures made prior to April 18th, 2020 (the date that this practice became a HIPAA -covered entity).
- I’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- I will make sure the person has this authority and can act for you before I take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel I have violated your rights by contacting the Privacy Officer, D’ri Jones, at 323 S. Pearl Street, Denver, CO 80209, 720-234-5539.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- I will not retaliate against you for filing a complaint.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Effective Date of This Notice

This notice is in effect on 4-18-2020.

Changes to the Terms of this Notice

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my web site.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.