

AFFILIATED THERAPISTS, INC.
David W. Donaldson, Ph.D.
Faith E. Donaldson
24000 U.S. Highway 40
Golden, CO 80401
303-643-8633
303-643-8643

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL (INCLUDING MENTAL HEALTH) 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, the Mental Health provider 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 below.

I. USES AND DISCLOSURES OF PROTECTED INFORMATION

- A. General Uses and Disclosure Not Requiring the Client's Consent. Your Mental Health Care Provider will use and disclose protected health information in following ways.
1. *Treatment.* Treatment refers to the provision, coordination, or management of health care and related services by one or more health care providers. Your Mental Health Care Provider will use your medical and mental health to plan your course of treatment. This may include individual, family, or group therapy; various psychotherapy techniques and treatment planning.
 2. *Payment.* Payment refers to the activities undertaken by your Mental Health Care Provider to obtain payment or reimbursement for the provision of treatment. For example, your Mental Health Care Provider will use your information to bill you, and with your consent, provide information to your insurance company, Medicaid or any other funding source for services provided. The information provided to insurer and other third party payers may include information that identifies you, as well as your diagnosis, type of service, date of service, Mental Health Care Provider' name/identifier and other information about your condition and treatment. If you are a recipient of Medicaid, information will be provided to the State of Colorado's Medicaid program, including but not limited to your child's treatment, condition, diagnosis and services received.
 3. *Health Care Operations.* Health Care Operations refers to activities undertaken by your Mental Health Care Provider that are regular functions of management and administrative activities. For example, your Mental Health Care Provider may use or disclose your health information in the monitoring of service quality, compliance with licensure boards or other accreditation programs.

4. *Contacting the Client.* Your Mental Health Care Provider may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.
 5. *Required by Law.* Your Mental Health Care Provider will disclose protected health information when required by law. This includes, but is not limited to:
 - a. Reporting child abuse or neglect;
 - b. When court ordered by a court judge to release information;
 - c. When there is a legal duty to warn or take action regarding imminent danger to others;
 - d. When the client is a danger to self or others;
 - e. When required to report certain communicable diseases and certain injuries;
 - f. When a Coroner is investigating the client's death; and
 - g. To government regulatory and oversight agencies that oversee licensure activities.
 6. *Business Associates.* Some of the functions of your Mental Health Care Provider's private practice are provided by contracts with business associates. For example, billing or transcribing services may be provided by contracting with outside entities to perform these services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. In those situations, the business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.
 7. *Family Members.* Except for certain minors, protected health information cannot be provided to family members without the client's consent.
 8. *Emergencies.* In life threatening emergencies, your Mental Health Care Provider or the office staff will disclose information necessary to avoid serious harm or death.
- B. *Client Authorization or Consent.* Your Mental Health Care Provider may not use or disclose protected health information in any other way without the signed Authorization or Release of Information. When you sign an Authorization, or Release of Information, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent that your Mental Health Care Provider has already taken action in reliance thereon.

II. YOUR RIGHTS AS A CLIENT

- A. *Additional Restrictions.* You have the right to request additional restrictions on the use or disclosure of your health information. Your Mental Health Care Provider 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. In order to exercise this right, please make your request in writing to your Mental Health Care Provider.
- B. *Alternative Means of Receiving Confidential Communication.* You have the right to request that you receive communications of protected health information from the Mental Health Care Provider by alternative means or at alternative locations. For example, if you do not want the Mental Health Care Provider to mail bills or other

material to your home, you can request that this information be sent to another address. In order to exercise this right, please make your request to your Mental Health Care Provider in writing.

- C. Access to Protected Health Information. You have the right to inspect and obtain a copy of the protected health information the Mental Health Care Provider has regarding you in his/her record. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. In order to exercise this right, please make your request in writing to your Mental Health Care Provider.
- D. Amendment to Your Record. You have the right to request that your Mental Health Care Provider amend your protected health information. Your Mental Health Care Provider is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. In order to exercise this right, please make your request in writing to your Mental Health Care Provider.
- E. Accounting of Disclosures. You have the right to receive an accounting of certain disclosures the Mental Health Care Provider 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 made pursuant to a signed Authorization, or disclosures made prior to April 14, 2003. In order to exercise this right, please make your request in writing to your Mental Health Care Provider.

III. ADDITIONAL INFORMATION

- A. Privacy Law. Your Mental Health Care Provider is required by law to maintain the privacy of protected health information. In addition, your Mental Health Care Provider is required by law to provide clients with notice of its legal duties and privacy practices with respect to protected health information. This is the purpose of this notice.
- B. Terms of the Notice. Your Mental Health Care Provider is required to abide by the terms of this Notice, or any amended Notice that may follow.
- C. Changes to the Notice. Your Mental Health Care Provider reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be available upon requests.
- D. Complaints Regarding Privacy Practices. If you believe your Mental Health Care Provider has violated your privacy rights, you have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, SW., Room 515F, HHH Bldg., Washington, D.C. 20201. There will be no retaliation for your filing of such a complaint.

E. Additional Information. If you desire additional information about your privacy rights please contact your Mental Health Care Provider.

F. Mental Health Provider's Duties. I am required by law to maintain the privacy of your health information and to provide you with a notice of my legal duties and privacy practices. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will notify you in writing.

G. Effective Date. This Notice is effective April 14, 2003.

Patient Signature

Date

Therapist Signature

Date