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# Health Insurance Portability and Accountability Act (HIPAA) Privacy Policy

# Your Information. Your Rights. Our Responsibilities.

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.** 

# Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
  - Your medical record includes information, including (PHI), that is collected by us and maintained in our files regarding your treatment history. More on PHI below
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide mental health care

## **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Comply with the law
- Address law enforcement, and other government requests
- Respond to lawsuits and legal actions

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# Your Rights

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

# You can access your Protected Health Information (PHI)

- Protected Health Information (PHI) is the individually identifiable health information contained in our records about you.
- Generally, you have the right to access and inspect, and obtain copies of, your PHI. There are two exceptions:
  - Psychotherapy Notes. These are notes recorded (in any medium) by a mental health professional documenting or analyzing the contents of conversation during a private counseling session and that are separated from the rest of your medical record.
  - Information compiled in anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
- Your request for PHI must be in writing, dated, and signed by you.
- You may request that your PHI be provided directly to another person. Your request must clearly identify the person you would like your PHI sent to, and clearly identify where to send the copy of your PHI. Your request to send your PHI to another person must be in writing, dated, and signed by you.
- You request for PHI may be denied based upon reviewable or non-reviewable grounds.
- A denial of a PHI request must be provided in writing.
  - You may be denied access to PHI without the opportunity for review if your request is for Psychotherapy Notes, records subject to the federal privacy act, or for records obtained from a person other than a health care provider under a promise of confidentiality.
  - You may request a review of a denial to your PHI when the denial is based upon your health care professional's determination that access to the PHI is reasonably likely to endanger your life or safety, or that of another person; the PHI makes reference to another person and your health care professional determines that access to the PHI is reasonably likely to cause substantial harm to that other person; the request for access is made by your personal representative and your health care professional determines that provision of the information is likely to cause substantial harm to you or another person.
- If your access to PHI is denied based upon reviewable grounds you have the right to have the denial reviewed by a licensed health care professional who is designated by your health care professional, and who did not participate in the original decision to deny. Your health care professional must provide or deny access in accord with the decision of the reviewing official.
- Your request for PHI must be acted on no later than 30 days after receipt of your signed, written request.

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- Information that is the subject of a PHI request must only be provided once.
- Reasonable, cost-based fees may be assessed for the provision of PHI. Fees can only
  include the cost of any labor required to produce PHI, the cost of supplies for creating
  paper or electronic copies of PHI, the cost of postage if the PHI is to be mailed to you or
  another, the cost of time/labor spent preparing a summary of PHI if you agree to and
  request such a summary.
- Written requests for PHI should be delivered to Caroline M. Roy, LCSW in person, or sent to Caroline M. Roy, LCSW by mail to P.O. Box 1017, Niwot, CO 80544.
- For more information see 45 CFR § 164.524.

# Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'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.
- We will say "yes" to all reasonable requests.

# Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

# Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'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. We 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.
- We will make sure the person has this authority and can act for you before we take any action.

## File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- 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/.
- We will not retaliate against you for filing a complaint.

## **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Most sharing of psychotherapy notes

## **Our Uses and Disclosures**

#### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A therapist working with you asks another therapist who is or has worked with you about your circumstances or condition, provided both therapists have executed written release of information authorizations with you.

#### Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your therapy and services.

#### Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: <a href="https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html">www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html</a>.

#### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## Do research

We can use or share your information for health research.

# Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

# Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

# Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

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

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

# **Colorado Law Grants Some Minors Right of Consent Regarding Records**

- Colorado Revised Statute (CRS) 12-245-203.5, which took effect on May 19, 2019, allows mental health professionals to provide psychotherapy services to minors 12 years of age or older with or without the consent of the minor's parent or guardian if the mental health professional determines that the minor is knowingly and voluntarily seeking such services, and the provision of psychotherapy services is clinically indicated and necessary for the minor's wellbeing. Under these circumstances, minors have the right of consent regarding release of their medical records. Accordingly, such a minor child 12 years of age or older may legally refuse to allow his/her parent or guardian access to their Clinical Records.
- Minors seeking such services must provide a written and signed statement indicating that the minor is voluntarily seeking psychotherapy services.
- While federal law preempts *contrary* state laws, state laws that are supportive of, and stricter than, federal laws are exempted from preemption. CRS 12-245-203.5 appears to fall into this category and may not be preempted by HIPAA guidelines. As of this writing, the relationship between Colorado's statute and HIPAA requirements has not been commented on by the U.S. Office for Civil Rights, nor has it been the subject of litigation.

# Changes to the Terms of this Notice

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

## **Other Instructions for Notice**

- This notice is effective June 13, 2020.
- Your contact regarding this policy and the matters herein is Caroline M. Roy, LCSW.
- We do not market or sell personal information.