

HIPPA: Notice of Privacy Practices

This information is made available to you so that you are fully aware of how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice of Privacy Practices describes how I may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (or "PHI") is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health (or condition) and related health care services.

I am required to abide by the terms of this Notice of Privacy Practices, which are subject to change at any time. The new notice will be effective for all protected health information that I maintain at that time. You may request a revised version at any time by contacting me and requesting that a revised copy be sent to you.

I. Uses and Disclosures for Treatment, Payment and Health Care Operations

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow me to use and disclose your health information for these purposes. In most cases, I am limited to disclosing the minimum information necessary to accomplish these purposes without your specific consent. To help clarify these terms, here are some definitions:

- **PHI** refers to information in your health record that could identify you.
- **Treatment, Payment and Health Care Operations**
 - **Treatment** is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment is when I consult with another health care provider, such as your family physician or another psychologist.
 - **Payment** is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - **Health Care Operations** are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- **Uses** applies only to activities within my practice such as employing, applying, utilizing, examining, sharing, and analyzing information that identifies you.
- **Disclosures** applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. "Psychotherapy

Notes" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations of PHI or Psychotherapy Notes at any time, provided each revocation is in writing. You may not revoke an authorization if (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, as law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse** – If I have reason to believe that child abuse or neglect has occurred or that there exists a substantial risk that child abuse or neglect may occur in the reasonably foreseeable future, I must immediately report the matter to the appropriate authority.
- **At-Risk Adult and Elder Abuse** – If I, in the performance of my professional or official duties, know or have reason to believe that a dependent adult has been abused and/or is threatened with imminent abuse, self-neglect, or financial exploitation I must promptly report the matter to the appropriate authority.
- **Serious Threat to Health or Safety** – I may disclose PHI regarding you when there is clear and imminent danger to you or another individual or to society, and then only to appropriate professional workers or public authorities. If you are at risk, I may also contact family members or others who could assist in providing protection.
- **Judicial and Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information about the counseling or psychotherapy services provided to you and/or the records thereof, such information is privileged under state and federal law, and I shall not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply, however, when you are being evaluated for a third party or where the evaluation is court ordered. I shall inform you in advance if this is the case.
- **Health Oversight Activities** – If a state licensing board or other government agency is investigating my competency, license or practice, I may be required to disclose protected health information regarding you.
- **Business Associates.** I may enter into contracts with business associates that are outside entities to provide billing, legal, auditing, and practice management services. In those situations, protected health information will be provided to those contractors as 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.
- **In Compliance with Other State/Federal Laws and Regulations:** PHI may be disclosed when the use and disclosure is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS), to a medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions (fitness for military duties, eligibility for VA benefits, etc.)
- **Worker's Compensation** – If you have filed a worker's compensation claim, I may be required to disclose PHI about any services I have provided to you that are relevant to the claimed injury.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction of your request.

- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket:** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.

Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I am required to notify you if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.
- 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 provide clients with a revised notice.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact the Privacy Officer, Dr. Gina Reyes at (808-494-5507). If you believe that your privacy rights have been violated, you may send your written complaint to:

Gina Reyes, Psy.D.
7850 Vance Dr, Ste 185
Arvada, CO 80003

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact the licensing board. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, or email to OCRComplaint@hhs.gov.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice is effective as of January 2025. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain.

"RIGHT TO RECEIVE A GOOD FAITH ESTIMATE OF EXPECTED CHARGES"

UNDER THE "NO SURPRISES ACT"

Effective 01/01/2025

You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost.

Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call the Colorado Division of Insurance at 303-894-7490 or 1-800-930-3745.