

Colorado Notice Form

Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

This notice describes 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.**

I: Use and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your *protected health information* (PHI) for treatment, payment, and health care operations purposes with your consent. The following definitions may help clarify these terms:

“**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 would be when I consult with another health care provider, such as your primary care physician.
- Payment is when I obtain reimbursement for your health care. An example would be when I disclose your PHI to your health insurer to determine eligibility, coverage, or to receive reimbursement for the service I provide you.
- Health Care Operations are activities that relate to the performance and operation of my practice. Examples include quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
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“**Use**” applies only to activities within my practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“**Disclosure**” applies to activities outside of my office and practice, 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 with an appropriate authorization from you. An “authorization” is a written permission above and beyond the general consent that permits only specific disclosures.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that either I have already released the information according to the authorization or if the authorization was obtained as a condition of obtaining insurance coverage, 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, subject to all applicable legal requirements and limitations:

- ✓ Child Abuse – If I have reasonable cause to know or suspect that a child has been subjected to abuse or neglect, I must immediately report it to the appropriate authority.
- ✓ Serious Threat to the Health or Safety of a person or the public.
- ✓ Adult and Domestic Abuse – If I have reasonable cause to believe that an at-risk adult has been mistreated, self-neglected, or financially exploited and is at imminent risk of mistreatment, self-neglect, or financial exploitation, then I must report to the appropriate authority.
- ✓ As required by other laws – such as Workers’ Compensation Laws, or the Colorado State Department of Health, I may disclose PHI as authorized by and to the extent necessary to comply with laws.

IV: Patient’s Rights and Psychologist’s Duties

Patients’ Rights

- ✓ **Right to Inspect and Copy:** You have the right to inspect and copy your health information, such as clinical and billing records, with limited exceptions. You must submit a written request to the designated privacy contact in order to inspect and / or copy your health information.
- ✓ **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 for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if you ask to have information that:
 - 1) I did not create.
 - 2) Is not part of the health information I keep.
 - 3) You would not be permitted to inspect or copy (based on limited circumstances noted above).
 - 4) Is not accurate and complete.
- ✓ **Right to Accounting of Disclosures:** You have the right to request an “accounting of disclosures” of PHI.
- ✓ **Right to request restrictions:** You have the right to request a restriction or limitation on certain uses and disclosures of PHI regarding you. Furthermore, you have the right to restrict certain disclosures of PHI to health plans/insurers if you pay out of pocket in full for the health care service (July 2013).

- ✓ **Right to Request Confidential Communications:** You have the right to request that I communicate with you about clinical matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail.
- ✓ **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice at any time.

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 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 by law to abide by the terms currently in effect.
- ✓ If I revise my policies and practices, I will notify you by mail and post the revision on my website.

V: Questions or Complaints

If you want more information about these privacy practices or have questions or concerns, please contact me to discuss them. If you believe your privacy rights have been violated, you may file a complaint with my office using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services. I will provide you with the address to file your complaint with this department upon request.

Contact Information:
Chingyen Godwin, Ph.D.
26 W. Dry Creek Circle, Suite 180
Littleton, CO 80120-4475

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

This notice will go into effect April 14, 2003 and revision made on September 2013. I am required by the Health Insurance Portability and Accountability Act (HIPAA) and applicable federal and state law to maintain the privacy of your health information and to give you this notice about my privacy practices, legal duties, and your rights concerning your health information. This notice takes effect and will remain in effect until replaced.