NOTICE OF PRIVACY PRACTICES

Jessica Guenther, LCSW

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information, which may identify you and relates to your past, present, or future physical or mental health or condition and related health care services, is referred to as Protected Health Information (PHI). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices at your next appointment, or per your request will mail a copy to you.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the for the purpose of providing, coordinating, or managing your health care treatment and related services. I may disclose PHI to any other consultation only with your authorization.

For Payment. I may use or disclose PHI so that I can receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity. This will only be done with your authorization.

For Health Care Operations. I may use or disclose, as needed, your PHI for purposed of conducting health care operations pertaining to my practices. These activities may include, but are not limited to, quality assessment activities, reminding you of appointments, to provide information about treatment alternative or other health related benefits and services, 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 scheduling services) provided that we 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. Under the law, I must make disclosure of your PHI to you upon your request. In addition, I must make disclosures of your PHI to you upon your request. In addition, I am

required to make disclosures to the Secretary of the Department of Health and Human Services if requested for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization:

Abuse and Neglect
Emergencies
National Security
Judicial and Administrative Proceedings
Law Enforcement
Public Safety (Duty to Warn)

Without Authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by law, such as the mandatory report of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or health department).
- Required by Court Order.
- 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.

Verbal and/or Written Permission. I may use or disclose your information to family members that are directly involved in your treatment with your written permission. IN CASE OF EMERGENCY, I may use or disclose your information to family members that are directly involved in your treatment with or without your written or verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which you may revoke.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your personal PHI maintained by my office. To exercise any of these rights, please submit your request in writing to me at 2002B W. 120th Ave, Denver, CO 80234

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI that I have about you is incorrect or incomplete, you may ask me to amend the information, although I am not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.
- **Breach Notification.** If there is a breach of unsecured protected health information concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have a right to a copy of this notice.

COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with the Secretary of Health and Human Services at 200 Independence Avenues, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

I will not retaliate against you for filing a complaint.

The effective date of this notice is October 1, 2013.

Jessica Guenther, LCSW

Phone: 720-795-5255
2002B 120th W., Denver, CO 80234

Notice of Privacy Practices Receipt and Acknowledgement of Notice

Client Name: ____

Date of Birth: ____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Jessica Guenther, LCSW's Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact this office in writing at 2002B 120th W., Denver, CO 80234

____
Signature of Client

____
Signature of Parent, Guardian, or Personal Representative*

____
Date

____
* If signed by Personal Representative please state relationship to client and authority to consent.

□ Client refuses to acknowledge receipt:

____ ____________________
Jessica Guenther, LCSW Date