

Jill Carl, LCSW
Licensed Clinical Social Worker

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**Notice of Privacy Practices
Effective March 1, 2009**

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how health information about you may be used and disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully.

A. My commitment to your privacy:

My practice is dedicated to maintaining the privacy of your individually identifiable health information (also called *Protected Health Information*, or PHI). In conducting my business, I will create records regarding you and the treatment and services I provide to you. I am required by law to maintain the confidentiality of health information that identifies you. I am also required by law to provide you with this notice of my legal duties and the privacy practices that I maintain in my practice concerning your PHI. By federal and state law, I must follow the terms of the Notice of Privacy Practices that I have in effect at the time.

I realize that these laws are complicated, but I must provide you with the following important information:

- How I may use and disclose your PHI,
- Your privacy rights in your PHI,
- My obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by my practice. I reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that my practice has created or maintained in the past, and for any of your records that I may create or maintain in the future. My practice will post a copy of my current Notice in my offices in a visible location at all times, and you may request a copy of my most current Notice at any time.

B. If you have questions about this information, please discuss it further with me. If you feel your privacy rights have been violated by me, please contact:

Office of Civil Rights
US Department of Health and Human Services
1961 Stout Street, Room 1426
Denver, CO 80294
303-844-2024 / 303-844-2025 (Fax)

C. I may use and disclose your PHI in the following ways:

The following categories describe the different ways in which I may use and disclose your PHI.

- 1. Treatment.** Treatment refers to the provision, coordination, or management of healthcare including mental health related to one or more providers. The information provided to insurance and other third party payers may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment.
- 2. Payment.** My practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, I may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and I may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. I also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, I may use your PHI to bill you directly for services and items. I may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
- 3. Contacting the Client.** I may contact you to remind you of appointments and to tell you about treatments or other services which may be of benefit to you.
- 4. Health Care Operations.** My practice may use and disclose your PHI to operate my business. As examples of the ways in which I may use and disclose your information for my operations, my practice may use your PHI to evaluate the quality of care you received from me, or to conduct cost-management and business planning activities for my practice. I may disclose your PHI to other health care providers and entities to assist in their health care operations.
- 5. Disclosures required by law.** My practice will use and disclose your PHI when I am required to do so by federal, state or local law. This includes but is not limited to: reporting child abuse or neglect, when court ordered to release information, when there is a legal duty to warn or take action regarding imminent to danger to others, when the client is a danger to self or others or is gravely disabled, when required to report certain communicable diseases and certain injuries; and when a Coroner is investigating a client's death.
- 6. Health Oversight Activities.** My practice may disclose your PHI to a health oversight agency for activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, and regulatory programs or determining compliance with program standards.
- 7. Crimes on the Premises or Observed by me:** Crimes that are observed by me or directed at me or occur at my business location will be reported to law enforcement.
- 8. Involuntary Clients:** Information regarding clients who are being treated involuntarily pursuant to law, will be shared with other treatment providers legal entities, third party payers and others, as necessary to provide the care and management coordination needed.

9. Family Members: Except for certain minors, incompetent clients or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, you object, PHI will not be disclosed.

10. Emergencies: In life threatening emergencies, I will disclose information necessary to avoid serious harm or death.

11. Client Authorization to Release of Information: I may not use or disclose PHI in any other way without a signed Authorization or Consent to Release Information. When you sign consent to release information, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent have already taken action in reliance thereon.

D. Your Rights as a Client:

1. Access to Protected Health Information (PHI): You have the right to inspect and obtain a copy of the PHI information that I have regarding you and the record. There are some limitations to this right, which will be explained to you at the time of your request, if such a limitation applies. To make such a request, please talk to me.

2. Amendment of Your Record: You have the right to request that I amend your PHI. I am not required to amend the record if it is determined that the record is accurate and complete. When there are other exceptions, which will be provided to you at the time of your request, along with an appeal process.

3. Accounting of Disclosures: You have the right to receive an accounting of certain disclosures that I have made regarding your protected health information. That accounting does not include disclosures that were made for the purpose of treatment, payment, or healthcare operations. There are other exceptions that will be provided to you, should you request an accounting.

4. Alternative Means of Receiving Confidential Communications. You have the right to request that you receive communications of PHI from me by alternative means or locations. For example, if you do not want bills sent to your home, you may request a different address. There are limits to such requests that will be provided to you.

5. Copy of the Notice: You have the right to obtain another copy of this Notice upon request.

E. Additional Information:

1. Privacy Laws: I am required by State and Federal Law to maintain the privacy of PHI. In addition, I am required by law to provide clients with notice of its legal duties and privacy practices with respect to PHI. That is the purpose of this notice.

2. Terms of Notice and Changes to the Notice: I am required to abide by the terms of this Notice and any amended notice that may follow. I reserve the right to change the terms of this notice and to make new Notice provisions for all PHI that it maintains.

3. Additional Information: If you desire additional information about your privacy rights, please contact me.

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I have received the Notice of Privacy Rights and Policies
Documentation as required by the
Health Insurance Portability and Accountability Act of 1996
(HIPAA).

Client Name (Printed)

Client Signature

Parent(s) Signature(s) if client is a minor

Date

