

## HIPAA Notice of Privacy Practices

### Alpine Behavior Therapy Clinic, P.C. (ABTC)

Effective Date: September 30, 2015

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 MENTAL HEALTH INFORMATION, REGARDING YOU (AS A PATIENT OF THIS PRIVATE PRACTICE) AND/OR YOUR CHILD (AND/OR CHILDREN) MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

*Our commitment to your privacy:* Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information [PHI]). In conducting our business, we will create records regarding the treatment services provided to you and/or your child or your children by the ABTC therapists. We are required by law to maintain the confidentiality of health information that identifies you or your child (or children) as patients of ABTC. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

While we realize that these laws are complicated, we are obligated to provide you with this important information. The following categories describe the different ways in which we may use and disclose your PHI.

- How we may use and disclose your PHI.*
- Your privacy rights in your PHI.*
- Our 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 this practice. We 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 our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time. If you have questions about this Notice, please contact our Privacy Official Lisa Kurth, Ph.D. LPC.

#### **How this Mental Healthcare Practice may use or disclose your Mental Health Care Information.**

ABTC collects health/mental health information about you and/or your child and stores this information in a secure file, in a secured location and on a secured computer. This is your and /or your child's mental health record. The mental health record is the property of this mental health care practice, but the information in the mental health record belongs to you and /or your child.

The law permits us at ABTC to use or disclose health/mental health care information for the following purposes.

### 1. Treatment

ABTC uses your PHI to treat you/your child or children with mental health care services. We disclose health/mental health care information to our contracted employees (e.g. ABTC therapists) and others who are involved in providing the care of you and/or your child in order to meet yours and their clinical needs. For example, we may share health/mental health information with other health care providers or physicians (who provide services that we do not provide) for purposes related to your treatment at ABTC. We may also disclose health/mental health care information to members of your family or others who can assist you and /or your child, such as your child's school teachers(s).

### 2. Payment

Our practice may use and disclose your PHI in order to bill and/or collect payment for the services ABTC provides for you and/or your child. For example, we may contact your Health Insurance provider to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We 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, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

You should also be aware that we may discuss your account status with you while you are in our office. For example, when your therapeutic session is complete, you will be given an update of the status of your account with ABTC. This may involve discussion of payments, any balances owed on your part, and any updates needed in your personal information on file with ABTC. We will exercise caution in the amount of information discussed in areas of our office where others may inadvertently overhear our conversations. If you prefer to have a more private conversation about any of these matters, please inform us.

### 3. Mental Health Care Operations

ABTC may use and disclose your PHI to operate this mental health care practice. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care we provide, or to conduct clinical management and business planning activities for our professional staff. We may also disclose your PHI to other health care providers and entities to assist in their health care operations. We may also use your PHI to secure an authorization or referral from your health care plan in order to provide your treatment. We may also use and disclose this information as necessary for health/mental health care reviews, legal services and audits, including fraud and abuse detection compliance programs and business planning and management. We may also share this information with "business associates" such as health care and clearinghouse services that perform administrative services for ABTC. ABTC maintains a written contract with each of these business associates

that contains specific terms requiring these entities to protect the confidentiality of yours and/or your child's health/mental health care information. Although federal law does not protect health information which is disclosed to someone other than another health care provider, health care plan or healthcare clearinghouse, Under Colorado law, all recipients of health care information are prohibited from re-disclosing your PHI except as specifically required or permitted by law. We may also share information with other health care providers, healthcare clearinghouses, or health plans that have a relationship with you, when they request this information from ABTC in order to assist them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

#### 4. Optional Appointment reminders.

ABTC may use and disclose your PHI to contact you and remind you of an appointment. If you are not at home, we may leave this information on your answering machine or in a message left with the person answering the telephone.

#### 5. Intake Forms

ABTC may use and disclose health/mental health care information about you or your child (children) by having you complete and/or update the necessary patient intake forms when you arrive at our office. This includes asking for you and/or your child's name so that we may obtain the proper file for the therapist. We may also mention yours or your child's name when we are ready to see you.

#### 6. Optional Treatment options

ABTC may use and disclose your PHI to inform you of potential treatment options or alternatives.

#### 7. Optional Health-related benefits and services.

ABTC may use and disclose your PHI to inform you of health-related benefits or services that may be of interest or benefit to you.

#### 8. Optional Release of information to family/friends.

ABTC may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, you, as a parent or guardian, may ask that a babysitter, nanny, driver or other personal representative bring your child to this office for treatment. In this example, the baby sitter, etc. may have access to this child's PHI information, which will be disclosed with discretion. In these cases, we may disclose information to the person responsible for your child's care about your child's location, general condition or even in the event of death. In the event of a disaster, we may disclose information to a relief organization so

that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your child's general care or who helps pay for his/her care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to object, our mental health professionals will use their best judgement in communication with your family and others. .

## 9. Disclosures required by law

ABTC will use and disclose your PHI when we are required to do so by federal, state or local law. Use and disclosure of your PHI in certain special circumstances may involve the following unique scenarios, and may require we use or disclose your identifiable health information:

### 1a. Public health risks

ABTC may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths,
- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- Reporting reactions to drugs or problems with products or devices,
- Notifying individuals if a product or device they may be using has been recalled,
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information,
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

### 2a. Health oversight activities

ABTC may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

### 3a. Lawsuits and similar proceedings

ABTC may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but

only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

#### 4a. Law enforcement

ABTC may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,
- Concerning a death we believe has resulted from criminal conduct,
- Regarding criminal conduct at our offices,
- In response to a warrant, summons, court order, subpoena or similar legal process,
- To identify/locate a suspect, material witness, fugitive or missing person,
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

#### 5a. Optional Deceased patients.

ABTC may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

#### 6a. Optional Organ and tissue donation.

ABTC may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

#### 10. Optional Research.

Some of the therapists at ABTC are involved in ongoing clinical research, including research to better understand the cause(s) of Attention Deficit Hyperactivity Disorder (ADHD). In the event that your PHI may be referred to and/or included in an internal/external research project, yours and/or your child(s) personal information will be de-identified.

ABTC may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies all of the following conditions:

(A) The use or disclosure involves no more than a minimal risk to your privacy based on the following: (i) an adequate plan to protect the identifiers from improper use and disclosure; (ii) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (iii) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of

the research study, or for other research for which the use or disclosure would otherwise be permitted;

(B) The research could not practicably be conducted without the waiver,

(C) The research could not practicably be conducted without access to and use of the PHI.

#### 11. Serious threats to health or public safety

ABTC may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat and minimize injury to you or your child. These disclosures may include to firefighters, police officers, and other professionals trained to assist in minimizing threat or harm to you.

#### 12. Military

ABTC may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

#### 13. National security

ABTC may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

#### 14. Specialized government functions

ABTC may disclose health information to correctional institutions or law enforcement officers that have you or your child in their lawful custody.

#### 15. Inmates

ABTC may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary:

(a) for the institution to provide health care services to you,

(b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

#### 16. Worker's compensation

ABTC may release your PHI for workers' compensation and similar programs.

## 17. Standardized assessment materials

ABTC may disclose PHI to designated persons (as independent raters of testing materials) you recommend these test packets be distributed to. Note that these test packets will be distributed by you on your or your child's behalf voluntarily, and at your own discretion. We may disclose relevant information regarding these testing procedures in order to assess your or your child's clinical profile (e.g. educational, social, emotional, etc.). These persons with whom we may correspond may include teachers, relatives and others who you designate to us at ABTC.

## 18. Change of ownership.

In the event that this mental healthcare practice is sold or merged with another organization, or closed for other unforeseen purposes, your and your child's PHI records will become the property of the new owner, although you will maintain the right to request copies of your PHI be transferred to another mental health professional.

## 19. Communication with Schools and other Organizations

Upon your request, ABTC may disclose your child's PHI to his/her school or another organization (such as a camp, recreational organization, etc.) in order to facilitate your child's participation in the school or organization. This may include the release of a note from our office explaining your child's absence from school while attending ABTC therapy sessions.

### **Your rights regarding your PHI:**

You have the following rights regarding the PHI that we maintain about you:

#### 1. Confidential communications

You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the Privacy Officer at 970- 482-7771 specifying the requested method of contact, or the location where you wish to be contacted. ABTC will accommodate reasonable requests. You do not need to give a reason for your request.

#### 2. Requesting restrictions

You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends.

We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you

must make your request in writing to the Privacy Officer at 970-482-7771. Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit our practice's use, disclosure or both,
- To whom you want the limits to apply.

### 3. Inspection and copies

You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient mental health summary records and billing records, but not including psychotherapy notes, as this is sensitive material. You must submit your request in writing to the Privacy Officer at 970-482-7771 in order to inspect and/or obtain a copy of your PHI. Our practice typically assesses an administrative fee for the costs of copying, mailing, labor and supplies associated with your request. ABTC may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

### 4. Amendment

You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at 970-482-7771. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

### 5. Accounting of disclosures

All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the therapist sharing information with another therapist or supervised clinical intern; or the ABTC billing/accounts representative using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer at 970-482-7771. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. ABTC will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.



#### 6. Right to a paper copy of this notice

You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Privacy Officer at 970-482-7771.

#### 7. Right to file a complaint

If you believe your privacy rights have been violated, you may file a complaint with ABTC or with the Department of Health and Human Services. To file a complaint with our practice, contact the Privacy Officer at 970-482-7771. All complaints must be submitted in writing. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
509 Hubert H. Humphrey (HHH) Bldg.  
200 Independence Avenue, S.W. Room  
Washington D.C. 20201

You will not be penalized for filing a complaint.

#### 8. Right to provide an authorization for other uses and disclosures

ABTC will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note: we are required to retain records of yours and/or your child's care. Again, if you have any questions regarding this notice or our health information privacy policies, please contact the ABTC Privacy Officer at 970-482-7771.

NOTE: Except in this Notice of Privacy Practice, ABTC will not use or disclose your or your child's PHI without your written authorization. If you do not authorize this mental health practice to use or disclose yours and/or your child's health/mental health information for another purpose, you may revoke your authorization in writing at any time.

#### **Changes to this Notice of Privacy Practice**

ABTC reserves the right to amend this Notice of Privacy Practice at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Practice Protections will apply to all protected health/mental health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice in our reception area and will provide you a copy at your request.