Debora Arrera, RXN, PMHCSN-BC
6053 South Quebec Street Suite 100
Centennial, CO 80111
Phone: (303) 872-7344

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH 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 about you that relates to your past, present or future physical or mental health condition and related health care services is referred to as Protected Health Information ("PHI"). Your PHI information includes your identity, diagnosis, dates of service, treatment plan and progress in treatment. 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 of your PHI.

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

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 purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members and for coverage arrangements during my absence. In any of these instances only the information necessary to complete the task will be provided. I may disclose PHI to any other consultant only with your authorization.

For Payment. I may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. I may use or disclose, as needed, your PHI in order to support my business activities including but not limited to quality assessment activities, licensing, and conducting other business activities. For example, I may share you PHI with third parties that perform various business activities (i.e. billing or typing services) provided I 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 disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule. I may disclose personal health information for public health activities oversight. For example, reporting to a public health or other government authority for preventing or controlling disease, injury or disability, or reporting child abuse or neglect.

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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:

- Mandatory reporting of child abuse or neglect: If I believe that a child or elder has been a victim of child abuse, neglect or domestic violence, I may use and disclose PHI to notify a government authority as required and authorized by law.
- Mandatory government agency audits or investigations: I may disclose PHI to health or regulating agencies that provide the oversight activities authorized by law, such as the medical licensing board or the health department.
- Required by court order: I may disclose PHI in response to a court or administrative order. In those cases, an effort will be made to obtain an agreement with the requestor to protect the information.
- To avert 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.
- Law enforcement purposes: I may disclose PHI as required by law to comply with reporting requirements and for reasons related to national security.

Verbal Permission. I may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

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

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to Debora Arrera, RXN, PMHCNS-BC.

- 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 we have about you is incorrect or incomplete, you may ask me to amend the information although we are 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.
- 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.
- Right to a copy of this Notice. You have the 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 Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **I will not retaliate against you for filing a complaint.**

The effective date of this Notice is January 1, 2004.

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Notice of Privacy Practices
Receipt and Acknowledgment of Notice

Patient Name:_____

DOB:_____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Debora Arrera, RXS, PMHCNS-BC Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Debora Arrera, RXS, PMHCNS-BC.

_____

Signature of Patient **Date**

_____

Signature or Parent, Guardian or Personal representative **Date**

_____

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc).

Patient Refuses to Acknowledge Receipt:

_____

Signature of Staff Member **Date**