



**C. Blair Skinner**, M.S.

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## **Notice of Privacy Practices**

**This notice describes how medical (including mental health) information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

The privacy of your health information is important to me. I will maintain the privacy of your health information and I will not disclose your information to others unless you tell me to do so, or unless the law authorizes or requires me to do so. A new federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that I take additional steps to keep you informed about how I may use the information that is gathered in order to provide health care services to you. As part of this process, I am required to provide you with the following Notice of Privacy Practices and to request that you sign the attached written acknowledgement that you received a copy of this notice. This notice describes how I may use or disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This notice also describes your rights regarding health information I maintain about you and a brief description of how you may exercise these rights.

If you have any questions about this notice, please contact C. Blair Skinner to discuss them further.

I am required by applicable federal and state laws to maintain the privacy of your health information. I am also required to give you this notice about my privacy practices, legal obligations, and your rights concerning your protected health information (PHI). I must follow the privacy practices that are described in this notice (which may be amended in the future). For more information about my privacy practices, or for additional copies of this notice, please contact me using the information listed in section IIG of this notice.

### **I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

#### **A. Permissible uses and disclosures without your written permission**

I may use and disclose PHI without your written authorization, excluding Psychotherapy notes as described in section II, for certain purposes described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

- 1. Treatment:** I may use and disclose PHI in order to provide treatment to you. For example, I may use PHI to diagnose and provide counseling service to you. I may disclose PHI to other health care providers involved in your treatment. In addition, I may disclose information not including your name or other identifiable information to other mental health professionals for the purpose of consultation in order to ensure the provision of high-quality treatment.
- 2. Payment:** I may use or disclose PHI so that the services you receive are appropriately billed to, and payment collected from your health plan. For example, I may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services.

3. **Health Care Operations:** I may use and disclose PHI in connection with our health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing acts.
4. **Required or Permitted by Law:** I may use or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or other crimes. In addition, I may disclose PHI to the extent necessary to avert a serious threat to your health or safety, or the safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise authorized by law.
5. **Family Members:** Except for certain minors, incompetent clients, or involuntary clients, PHI cannot be provided to family members without the client's consent.
6. **Emergencies:** In life threatening emergencies, I will disclose information necessary to avoid serious harm or death.

**B. Uses and disclosures requiring your written authorization.** Uses and disclosures other than those described in section IA above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time.

## **II. YOUR INDIVIDUAL RIGHTS**

- A. **Right to inspect and copy:** You may request access to your medical and billing records maintained by me in order to inspect and request copies of the information. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the costs associated with copying and sending you any records requested. State law may regulate such charges. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you (e.g., records related to mental health, drug treatment, or family planning services).
- B. **Right to receive confidential communications of PHI:** You may request, and I will accommodate, any reasonable written request for me to send mail or bills to certain addresses or limit phone calls to retain privacy. .
- C. **Right to request restrictions:** You have the right to request a restriction on PHI used for disclosure for treatment, payment, or health care operations. You must request any such restriction in writing, however I am not required to agree to any such restriction you may request.
- D. **Right to accounting of disclosures:** Upon written request, you may obtain an accounting of certain disclosures of PHI made by me after April 14, 2003. This right applies to disclosures for purposes other than treatment, payment, or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.
- E. **Right to request amendment:** You have the right to request that I amend your health information. Your request must be in writing and it must explain why the information should be amended. I may deny your request under certain circumstances.
- F. **Right to obtain notice:** You have the right to obtain a paper copy of this notice by submitting a request to me at any time.

**G. Questions and complaints:** If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may address this with me at any time. You may also file a written complaint with the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 515F, HHH Bldg., Washington, D.C. 20201. I will not retaliate against you if you take such action.

### **III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE**

**A. Effective Date:** This notice is effective April 14, 2003.

**B. Changes to this notice:** I may change the terms of this notice at any time. If changes are made, I may make the new notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. If the notice is altered in any way, I will post the revised version in the waiting area of my office. You may also obtain any revised notice by contacting me directly.