



Leigh Reineke Therapy, LLC
1315 Oakridge Drive, Suite 100
Fort Collins, CO 80525

NOTICE OF HIPAA PRIVACY RIGHTS

The Notice of Privacy Rights 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 information carefully. During the process of providing services to you, I will obtain, record, and use mental health and medical information about you that is protected health information. Ordinarily, that information is confidential and will not be used or disclosed, except as described below.

Uses and Disclosures of Protected Information

I. General Uses and Disclosures Not Requiring the Client's Consent.

A. The provider will use and disclose protected health information in the following ways:

1. **Treatment.** Treatment refers to the provision, coordination, or management of health care (including mental health care) and related services by one or more health care providers. For example, I will use your information to plan your course of treatment. As to other examples, I will consult with professional colleagues and ask professional colleagues to cover calls and will provide the information necessary to complete those tasks.
2. **Payment.** Payment refers to the activities undertaken by a health care provider (including a mental health care provider) to obtain or provide reimbursement for the provision of health care. The provider will use your information to develop accounts receivable information and bill you. In the case of superbills, I will use your information to create receipts that you can send to your insurance company.
3. **Health Care Operations.** Health Care Operations refers to activities undertaken by the provider that are regular functions of management and administrative activities for the practice. For example, I may use or disclose your health information when obtaining legal services.
4. **Contacting the Client.** I may contact you to remind you of your appointments and to tell you about treatments or other services that might be of benefit to you. I do not guarantee confidentiality if you are discussing issues via cell phone, cordless phone etc. and you must give consent for me to leave a message on an answering machine or voicemail. Confidentiality cannot be guaranteed if you choose to communicate with me via email.
6. **Required by Law.** I will disclose protected health information when required by law or necessary for healthcare oversight. This includes, but is not limited to: (a) reporting suspected child abuse or neglect; (b) when court ordered to release information; (c) to health oversight agencies for oversight activities authorized by

law and necessary for the oversight of the health care system, government health care benefit programs, or regulatory compliance; (d) when a coroner is investigating the client's death; (e) when there is a legal duty to warn or take action regarding imminent danger to others. The provider is required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened; (f) the provider is required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder; (g) the provider is required to report any suspected threat to national security to federal officials.

7. **Crimes on the premises, observed, or reported to the provider.** Crimes that are observed by the provider, crimes that are directed toward the provider, crimes that occur on the premises, or crimes reported to law enforcement.
8. **Business Associates.** Some of the functions of the provider may be provided by contracts with business associates. For example, some of the billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.
9. **Research.** The provider may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulations are followed. 45 CFR § 164.512(i).
10. **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.
11. **Family Members.** Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's written 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, if the client objects, protected health information will not be disclosed. Under Colorado law C.R.S. § 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information, the therapist may provide you with a treatment summary, in compliance with Colorado Law and HIPAA standards.
12. **Welfare Checks.** When I am concerned about a client's safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officers information concerning my concerns. By signing this Disclosure Statement and agreeing to treatment at Leigh Reineke Therapy, LLC, you consent to this practice, if it should become necessary.

B. Client Authorization or Release of Information

The provider may not use or disclose protected health information in any other way without a signed authorization or release of information. When you sign an authorization, or a release of information, it may later be revoked provided that the revocation is in writing. The revocation will apply, except to the extent the provider has already taken action in reliance thereon.

II. YOUR RIGHTS AS A CLIENT

A. Access to Protected Health Information.

You have the right to inspect and obtain an electronic or paper copy of the protected health information the provider has regarding you, in the designated record set. However, you do not have the right to inspect or obtain a copy of psychotherapy notes. I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee. There are other limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, please ask me.

B. Amendment of Your Record.

You have the right to request that the provider amend your protected health information. The provider is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, please ask me.

C. Accounting of Disclosures.

You have the right to receive an accounting of certain disclosures the provider has made regarding your protected health information for six years prior to the date you ask, who I shared it with and why. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. There are other exceptions that will be provided to you, should you request an accounting. To make a request, please ask me.

D. Additional Restrictions

You have the right to request additional restrictions on the use or disclosure of your health information. The provider does not have the right to agree to that request and there are certain limits to any restriction, which will be provided by you at the time of your request. To make a request, please ask me.

E. Alternative Means of Receiving Confidential Communications.

You have the right to request that you receive communications of protected health information from the provider by alternative means or at alternative locations. For example, if you do not want the provider to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such requests, which will be provided to you at the time of the request process. To make a request, please ask me.

F. Copy of this Notice

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

G. Choose Someone to Act for You.

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before we take any action.

H. File a Complaint If You Feel Your Rights Are Violated.

You can complain if you feel I have violated your rights by contacting me using the information on this document. You can file a complaint with U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint.

III. YOUR CHOICES

- A. For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.
- a. In these cases, you have both the right and the choice to tell me to:
- Share information with your family, close friends, or others involved in your care
 - Share information in a disaster relief situation
 - Include your information in a hospital directory

If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

- b. In these cases, I never share your information unless you give me written permission:
- Marketing purposes
 - Sale of your information
 - Most sharing of psychotherapy notes

IV. ADDITIONAL INFORMATION

A. Privacy Laws

The provider is required by state and federal law to maintain the privacy of protected health information. In addition, the provider is required by law to provide clients with notice of the provider's legal duties and privacy practices with respect to protected health information. I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

B. Terms of the Notice and Changes to the Notice.

The provider is required to abide by the terms of this Notice, or any amended notices that may follow. The provider reserves the right to change the terms of my Notice and to make the new Notice provisions effective for all protected health information that I maintain. When the Notice is revised, the revised Notice will be posted at the provider's service delivery sites and will be available upon request.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Effective Date: 03/01/2023

Acknowledgement of Receipt Of Notice of HIPAA Privacy Rights

I hereby acknowledge that I have received a copy of the therapist Notice of HIPAA Privacy Rights. I further agree to read this Notice of HIPAA Privacy Rights. I will talk to my therapist if I have any concerns.

Signature: _____

Print Name: _____

Date: _____