

## PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.** If you have any questions about this notice, please contact our Privacy Officer, Kehle Griego, at 303-651-1515 or Kehle@workwiseap.com. You may also view this policy on our website: [www.krupnickcounseling.com](http://www.krupnickcounseling.com). **The following information will cover YOUR RIGHTS / YOUR CHOICES / OTHER DISCLOSURES**

### YOUR RIGHTS

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we’ve shared information

- You can request an accounting of the time we’ve shared your health information for six years prior to the date you ask. The accounting will not include disclosures pertaining to specific treatment, payment and health care operations. We will provide one accounting per year for free but will charge a reasonable, cost based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### 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.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### YOUR CHOICES

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

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

In these cases we **never** share your information:

- Marketing purposes/Sale of your information.

### OUR USES AND DISCLOSURES

#### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Treat you

We can use your health information and share it with other professionals who are treating you if you sign a release or if we feel you are in danger. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

## OUR USES AND DISCLOSURES continued....

### Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### Do research

We can use or share your information for health research. Any information shared would **not include identifying information**.

### Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director with a valid court order.

### Law enforcement, and other government requests

We can use or share health information about you with:

- Law enforcement, in cases where safety is a concern.
- Law enforcement, when presented with a valid court order.
- Health oversight agencies for activities authorized by law
- Under valid court order for special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### Other Disclosures Permitted by Colorado Law:

#### Maintenance of your safety and others' safety

We can share certain health information about you in order to maintain your safety and/or others' safety should your treatment provider determine that you present an imminent danger to yourself or to an identified other person(s).

### Respond to lawsuits or complaints

If you file a lawsuit or licensing board complaint about your care, and/or if a review of your care is conducted by a licensing board/professional organization, certain disclosures of health information are permitted.

### Special Notes Regarding the Privacy Policies of Krupnick Counseling Associates and WorkWise Employee Assistance Program:

We will only share information about your treatment without authorization from you (including your identity) under the following conditions:

- 1.) We are required by law and professional ethics to report possible child abuse and/or neglect. Depending on the circumstances, reports are made to the appropriate law enforcement agency or the county social services department.
- 2.) We report suspected elder abuse to the relevant adult protective services agency.
- 3.) In cases where we are concerned about the immediate safety of clients or others, we take whatever action we deem appropriate, including contact with hospitals and law enforcement agencies.
- 4.) We are required by law to report danger to a place/location
- 5.) We are required by law to release treatment records if we receive a valid Court Order to do so, or to challenge the Court Order for certain specific reasons.
- 6.) Limited information about your treatment needs may be shared with your health insurer in order for treatment to be authorized and paid for.

## OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- If you have any questions about these policies or any issues covered by the federal government's privacy notice, please speak with your therapist, our Privacy Officer (Kehle Griego), or our director, Louis Krupnick.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date of This Notice: 9/28/2013