

CHTA, INC Privacy Notice

411 Main Street Fort Morgan, CO 80701

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Notice of Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW MENTAL HEALTH THERAPY SERVICES' INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

CHTA Inc. may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”
 - Treatment is when a CHTA Inc. provider provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when our provider consults with another health care provider, such as your family physician or another mental health provider.
 - Payment is when CHTA Inc. obtains reimbursement for your healthcare. Examples of payment are when CHTA Inc. discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - Health Care Operations are activities that relate to the performance and operation of CHTA Inc. practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within Center for Healing Trauma and Attachment Inc. such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of Center for Healing Trauma and Attachment Inc. such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

CHTA Inc. may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when CHTA Inc. is asked for information for purposes outside of treatment, payment or health care operations, CHTA Inc. will obtain an authorization from you before releasing this information. CHTA Inc. will also need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes that our CHTA Inc. provider has made about the conversation during our private, group, joint, or family counseling session. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your CHTA Inc. provider has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

CHTA Inc. provider may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse – If there is reasonable cause to know or suspect that a child has been subjected to abuse or neglect, CHTA Inc. provider must immediately report this to the appropriate authorities.
- Adult and Domestic Abuse – If there is reasonable cause to believe that an at-risk adult has been mistreated, self-neglected, or financially exploited and is at imminent risk of mistreatment, self-neglect, or financial exploitation, then CHTA Inc. provider must report this belief to the appropriate authorities.
- Health Oversight Activities – If the Colorado State Board or an authorized professional review committee is reviewing the services, CHTA Inc. may disclose PHI to that board or committee.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and CHTA Inc. will not release information without your written authorization or a court order. The privileged does not apply when you are being evaluated or a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety – If you communicate to your CHTA provider about a serious threat of imminent physical violence against a specific person or persons, CHTA Inc. has a duty to notify any person or persons specifically threatened, as well as a duty to notify an appropriate law enforcement agency or by taking other appropriate action. If your provider believes that you are at imminent risk of inflicting serious harm on yourself, CHTA Inc. may disclose information necessary to protect you. In either case, your provider may disclose information in order to initiate hospitalization.

There may be additional disclosures of PHI that CHTA Inc. is required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information regarding you. However, CHTA Inc. is not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing your provider. On your request, CHTA Inc. will send your bills to another address.)
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI the mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. CHTA Inc. may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, CHTA Inc. will discuss with you the details of the request and denial process.
- Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. CHTA Inc. may deny your request. On your request, CHTA Inc. will discuss with you the details of the amendment process.

- Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI. On your request, CHTA Inc. will discuss with you the details of the accounting process.
- Right to a Paper Copy – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

CHTA Provider’s Duties:

- CHTA Inc. is required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- CHTA Inc. reserves the right to change the privacy policies and practices described in this notice. Unless CHTA Inc. notifies you of such changes, however, CHTA Inc. is required to abide by the terms currently in effect.
- If CHTA Inc. revises policies and procedures, CHTA Inc. will provide you with a revised notice either in person or by mail.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision CHTA Inc. makes about access to your records, or have other concerns about your privacy rights, you may contact, Doreen Hills, MS, NCC, LPC, Executive Director, Center for Healing Trauma and Attachment Inc., 411 Main Street, Fort Morgan, CO, 80701, 970-397-4609.

If you believe that your privacy rights have been violated and wish to file a complaint with CHTA Inc. you may send your written complaint to Doreen Hills, MS, NCC, LPC, Executive Director, Center for Healing Trauma and Attachment Inc., 411 Main Street, Fort Morgan, CO, 80701, 970-397-4609.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. CHTA Inc. will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on June 1, 2018

CHTA Inc. reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that CHTA Inc. maintains. CHTA Inc. will provide you with a revised notice either in person or by postal mail.

Client

Date

Therapist

Date