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Privacy Rights and Disclosures

The Health Insurance Portability and Accountability Act (HIPPA), 1996, Public Law 104, mandates that all clients are educated about their privacy rights. Please read and sign this document indicating that you understand your rights. If you do not want to sign the document, please discuss your concerns with your treating clinician.

Disclosures

Cher Kirk, LPC has made every effort, and continues to make efforts, to maintain all applicable HIPPA mandates. Therefore, she must disclose the following information.

Information Coordination

HIPPA allows information to be coordinated that is necessary for treatment, payment, and the health care operations.

- **Your clinical information will be shared only when necessary with health care professionals who are directly involved in treatment, payment, or the health care operations of your situation.**

For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you or for the management of healthcare and related services. It also includes but is not limited to consultations and referrals between one or more providers.

Payment: We may use and disclose your health information to obtain payment for services provided to you. For example, we may contact a benefit plan to obtain information concerning billing for services, co-pay information, etc.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include such things as case management and quality assessment and improvement activities.

The clinical information that is shared will constitute only what is “minimally necessary” to accomplish the necessary task. For example, for claims payment, a diagnosis will be shared with the insurance company/HMO, but session specifics and any other detailed information that is not necessary for reimbursement will not be shared. You can at any time request to see a summary of the disclosure made regarding to treatment, payment or health care operations of your situation.

Consent and Authorization

By signing this Privacy Rights and Disclosure you are consenting Cher Kirk, LPC to release minimally necessary information to assist in treatment, payment and the health care operations of your situation (e.g. requests for additional sessions, information to process claims). Disclosures outside the scope of treatment, payment and health care operations can only be conducted with your direction authorization to release such information. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Client Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, about your location, your general condition or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or client under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages). Such release of information is permitted provided it does not impede with treatment, payment or health care operations.

CLIENT RIGHTS

Access: You have the right to inspect or obtain copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request we cannot practically do so. (You must make a request in writing to obtain access to your health information.) You may obtain a form to request access. We will charge you a reasonable cost-based fee for expenses such as copies, postage, and time.

Disclosure Accounting: You have the right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing). Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be made in writing, and it must explain why the information should be amended.) We may deny your request under certain

circumstances. We have 60 days after the request is made to act on the request. If the request is denied in whole or in part, we will provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your Protected Health Information (PHI).

QUESTIONS AND COMPLAINTS

If you have questions or concerns, please contact your treating therapist. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information, you may complain to your treating therapist. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.