

# Notice of Privacy Practices

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## Notice of Privacy Practices

### HIPAA Privacy Statement

During the process of providing services to you, your therapist will obtain and use mental health and medical information concerning you that is both confidential and privileged. Ordinarily this confidential information will be used in a manner that is described in this statement, and will not be disclosed without your consent, except for the circumstances described in this notice.

### Uses and Disclosures of Protected Information

A. General uses and disclosures not requiring the client's consent:

1. Treatment: sharing information about an individual with professional colleagues for the purpose of treatment. This includes, but is not limited to, supervision and consultation services.
2. Payment: activities undertaken by a health care provider to obtain reimbursement for the services rendered.
3. Health Care Operations: includes quality assessment and improvement activities; case management and coordination; supervision, consultation; training and performance review; accreditation, underwriting, audits, business planning and management.
4. Required by Law: protected health information will be disclosed when required by law. This includes, but is not limited to:
  - a) reported or suspected child abuse and/or neglect will be reported to the Department of Human Services;
  - b) reported or suspected at-risk adult/elder abuse will be reported to Adult Protective Services and/or to local law enforcement;
  - c) when court ordered to release information;
  - d) duty to warn of a threat of imminent physical violence to a person, group or place. The potential victim

of such a threat and law enforcement will be notified;

e) when a person is imminently dangerous to herself/himself/themselves;

f) when a person is gravely disabled;

g) when required to report a threat to the national security of the United States.

5. Crimes on the premises, against, or observed will be reported to local law enforcement.

6. Business Associates: Confidential health care information concerning you, provided to insurers or to plans for purposes or payment for services that you receive may be disclosed to business associates. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.

7. Emergencies: In life-threatening emergencies, necessary information will be disclosed to avoid serious harm, injury, or death.

B. Client release of Information or authorization: When you sign a release of information, or an authorization, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent your therapist has already taken action in reliance thereon. You are responsible for notifying your therapist in writing if you'd like to revoke a release of information.

### **Your Rights as a Client**

A. Access to Protected Health Information. You have the right to request a summary of confidential health information concerning you with regard to rendered mental health services.

B. Amendment of Your Record. You have the right to request that your protected health information be amended. It is not required to amend the record if it is determined that the record is accurate and complete.

C. Accounting of Disclosures. You have the right to receive an accounting of certain disclosures made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you or disclosures made pursuant to a signed authorization.

D. Additional Restrictions. You have the right to additional restrictions on the use or disclosure of your health information. However, your therapist does not have to agree to that request.

E. Alternative Means of Receiving Confidential Communications. You have the right to request that you receive communications of protected health information by alternative means or at alternative locations.

F. Copy of this Notice. You have a right to obtain another copy of this notice upon request.

### **Additional Information**

A. Privacy Laws. It is required by state and federal law to maintain the privacy of protected health

information. In addition, it is required by law to provide clients with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this notice.

B. Terms of the Notice and Changes to the Notice. It is required to abide by the terms of this notice, or any amended notice that may follow. Your therapist reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. When the notice is revised, the revised notice will be available upon request.

C. Complaints Regarding Privacy Rights. If you believe your therapist has violated your privacy rights, please submit a statement, in writing, addressed to Gentle Path Counseling, LLC, 1355 S. Colorado Blvd, Suite C-304, Denver, CO 80222. You also have the right to complain to 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. It is the policy of Gentle Path Counseling, LLC that there will be no retaliation for you filing of such complaints.

D. Additional Information. If you desire additional information about your privacy rights at Gentle Path Counseling, LLC, please ask me any questions that you may have.

### **Confidentiality of Alcohol and Drug Abuse Patient Records**

A. The confidentiality of alcohol and drug abuse patient records maintained is protected by federal law and regulations. Generally, Calm Horizons Counseling, LLC will not say to a person outside the practice that a patient is involved in services, or disclose any information identifying a patient as an alcohol or drug user, unless:

1. The patient consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

B. Violation of the Federal and Regulations by a Program is a Crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

C. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Disclosure may be made concerning any threat made by a client to commit imminent physical violence against another person to the potential victim who has been threatened and to law enforcement.

D. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

### **Conclusion and Acknowledgment**

Your signature below indicates that you have received the information in this document in writing and verbal formats and understand your rights and responsibilities as a client. If they arose, any questions you

have about this agreement have been answered. You agree to abide by all the terms of this agreement during our professional relationship.

By signing below I am agreeing that I have read, understood and agree to the items contained in this document.