

Compass Psychological Services, LLC

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## **Notice of Privacy Practices**

Effective January 31, 2025

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU AND/OR YOUR CHILD/ADOLESCENT MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

My Pledge Regarding Health Information: I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information.

Uses and Disclosures for Treatment, Payment, and Health Care Operations: I may use or disclose your or your child/adolescent's protected health information (PHI), for treatment, payment, and health care operations with the consent you provided by signing my Psychologist and Patient Services Agreement or, in specific cases, by requesting that you sign a Release of Information authorizing me to disclose health care information about you. To help clarify these terms, here are some definitions:

- PHI refers to information in your health record that could identify you.
- Treatment is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist or therapist.
- Payment refers to reimbursement of your healthcare. Examples of payment are when I disclose 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 my 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 my office, such as releasing, transferring, or providing access to information about you to other parties.
- Use and Disclosure Requiring Authorization means that I may use or disclose PHI for purposes outside of treatment, payment, and 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 I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization before releasing any psychotherapy notes.
- Psychotherapy notes are notes I might have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. 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) I have relied on that authorization or (2) if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization: I may use or disclose PHI without your consent or authorization in the follow circumstances:

- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- Child Abuse: If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the appropriate state department (Colorado: Colorado Department of Human Services, Washington: Washington State Department of Children, Youth, and Families).
- Adult and Domestic Abuse: If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the appropriate state department (Colorado: Colorado Department of Human Services, Washington: Washington State Department of Children, Youth, and Families). If I have reason to suspect that sexual or physical assault has occurred, I must immediately report to the appropriate law enforcement agency and to the appropriate state department (Colorado: Colorado Department of Human Services, Washington: Washington State Department of Children, Youth, and Families).

- **Health Oversight:** If a licensing board subpoenas me as part of its investigations, hearings, or proceedings relating to the discipline, issuance, or denial of licensure, I must comply with its orders. This could include disclosing your relevant mental health information.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided to you and the records thereof, such information is privileged under state law. I will not release such information without the written authorization of your or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena, or a court order. The privilege does not apply when you are being evaluated for 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:** I may disclose your confidential mental health information to any person without authorization if I reasonably believe that disclosure would avoid or minimize imminent danger to your health or safety or to the health or safety of any other individual.
- **Coroners or Medical Examiners:** I may disclose your confidential mental health information to coroners or medical examiners when such individuals are performing duties authorized by state or federal law.
- **Worker's Compensation:** If you file a worker's compensation claim, with certain exceptions, I must make available, at any stage of the proceedings, all mental health information in my possession relevant to the particular injury in the opinion of the state Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

### Client's Rights

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am 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 me. Upon your request, I 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 and psychotherapy notes in the mental health and billing records for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I 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. I may deny your request. On request, I 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 for which you have neither provided consent nor authorization. On your request, I will discuss with you the details of the accounting process.

**Right to a Paper or Electronic Copy:** You have the right to obtain a paper or electronic copy of this Notice from me upon request.

**Therapist's Duties:**

**Notice of Privacy Practices:** I am 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.

**Changes to this Notice:** I reserve the right to change the privacy policies and practices described in this notice, effective for health information I already have about you as well as any information I receive in the future. Unless I notify you of such changes; however, I am required to abide by the terms currently in effect.

**Notice of Changes:** If I materially revise the notice, I will provide you with a current notice at the time of your next session or by mail or email if I would need to act upon an updated notice prior to your next session.

**Questions and Complaints:** If you have questions about this notice, disagree with a decision I make about access to your records or have other concerns about your privacy rights, please contact me directly. I take such concerns very seriously and seek to find a mutually agreeable solution. If you believe that your privacy rights have been violated, you may wish to contact or file a complaint with the appropriate government agency in the state in which you reside (Colorado: The Colorado Department of Regulatory Agencies, Washington: The Washington State Department of Health). No retaliation will occur against you for filing a complaint.

**Acknowledgement of Receipt of Privacy Notice:** Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

**BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**