



HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE CONTAINS INFORMATION CONCERNING HOW CONFIDENTIAL MENTAL HEALTH TREATMENT INFORMATION CONCERNING YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND LET US KNOW ANY QUESTIONS THAT YOU MAY HAVE CONCERNING THIS NOTICE.

During the process of providing services to you, Dawn Leopardi, MA, LPC, LLC will obtain, record, and use mental health and medical information about you that is confidential and privileged. Ordinarily this confidential information will be used in the manner that is described in this statement, and will not be disclosed without your consent, except for the circumstances described in this Notice.

I. USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION.

- A. **General Uses and Disclosures Not Requiring the Clients Consent.** Dawn Leopardi, MA, LPC, LLC may use and disclose protected health information about you without your authorization in the following circumstances.
1. *Treatment.* Treatment refers to the provision, coordination, or management of health care and related services by one or more health care providers. For example, I may use your information to plan your course of treatment and to consult with other health care professionals to ensure the most appropriate methods are being used to assist you.
 2. *Payment.* Payment refers to the activities undertaken by a health care provider to obtain or provide reimbursement for the provision of health care. For example, I may use information that identifies you, including information concerning your diagnosis, services provided to you, dates of services, and services needed by you, and may disclose such information to insurance companies, to businesses that review bills for health care services and handle claims for payment of health care benefits, or other third-party payers in order to obtain payment for services. If you are covered by Medicaid, information may be provided to the State of Colorado's Medicaid program, including but not limited to your treatment, condition, diagnosis, and services received.
 3. *Health Care Operations.* Health Care Operations refers to activities that are regular functions of management and administrative activities. For example, I may use your health information in monitoring of service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business management and general administrative activities, and planning for future operations.
 4. *Contacting the Client.* I may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.
 5. *Required by Law.* I will disclose protected health information when required by law. This includes, but is not limited to: (a) reporting child abuse or neglect to the Department of Human Services or law enforcement; (b) when court ordered to release information; (c) when there is a legal duty to warn of a threat that a client has made of imminent physical violence, health care professionals are required to notify the potential victim of such a threat, and report it to law enforcement; (d) when a client is imminently dangerous to herself/himself to others, or is gravely disabled, health care professionals may have a duty to hospitalize the client in order to obtain a 72-hour evaluation of the client and (e) when required to report a threat to the national security of the United States.
 6. *Health Oversight Activities.* Your confidential protected health information may be disclosed to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, regulatory programs or determining compliance with program standards.

7. *Crimes on the premises or observed by "practice" personnel.* Crimes that are observed by staff, which are directed toward staff, or occur on the premises of the practice will be reported to law enforcement.
 8. *Business Associates.* Some of the functions of the health care providers are provided by contracts with business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform these services. In those situations, protected health information will be provided to those contractors as needed to perform their contracted tasks. In those situations, the business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.
 9. *Research.* I may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation are followed. 45CFR-164.512(i).
 10. *Involuntary Clients.* Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, and others, as necessary to provide the care and management coordination needed.
 11. *Family Members.* Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed.
 12. *Emergencies.* In life threatening emergencies, I will disclose information necessary to avoid serious harm or death.
 13. *Complaints.* Protected health information and psychotherapy notes may be released in response to a complaint filed against me.
2. **Client Release of Information.** I may not use or disclose protected health information in any other way without a completed Authorization of Release of Information signed by you or your authorized representative. A signed Authorization of Release of Information may later be revoked, provided that the revocation is in writing. The revocation will apply except to the extent that I have already taken action in reliance thereon. The following specific uses and disclosures of protected health information can **only** be made with your written consent or the consent of an authorized representative:
1. Most uses and disclosures of psychotherapy notes if applicable
 2. Uses and disclosures of protected health information for marketing purposes
 3. Uses and disclosures that constitute a sale of protected health information
 4. Other uses and disclosures not described in the Notice of Privacy Practices

II. YOUR RIGHTS AS A CLIENT

- A. **Access to Protected Health Information.** You have the right to receive a summary of confidential protected health information concerning you with regard to mental health services needed or provided to you. There are some limitations to this right, which will be provided to you at the time of your request, if such limitation applies. Your request must be in writing. If the requested information is stored electronically, you have the right to receive that information in electronic format I may charge you related fees. To exercise this right, please submit your request in writing.
- B. **Amendment of Your Record.** You have the right to request amendment of your protected health information. Your requests must be in writing and it must explain why the information should be amended. I am not required to amend the record if it is determined that the record is accurate and

complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To exercise this right, please submit your request in writing.

- C. **Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures I have 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 authorized by you. There are other exceptions that will be provided to you, should you request an accounting. To exercise this right, please submit your request in writing.
- D. **Additional restrictions.** You have the right to request additional restrictions of the use of disclosures of your health information. I am not required to agree to your request, and there are certain limits to any restriction, which will be provided to you at the time of your request. To exercise this right, please submit your request in writing.
- 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. For example, if you do not want to receive bills or other materials at home, you can request that this information be sent to another address. There are some limitations to the granting of such requests, which will be provided to you at the time of your request. **You are advised that the security of any protected health information which is exchanged in unencrypted email cannot be guaranteed. Having been so advised, if you send information or request transmission of information by unencrypted email, you acknowledge that you are accepting that risk.**
- F. **Copy of the Notice.** You have a right to request a paper copy of this Notice at any time.
- G. You have the right to restrict certain information to health plans for services for which you pay out-of-pocket.
- H. You will be notified If you are affected by a breach of unsecured protected Health information

III. ADDITIONAL INFORMATION

- A. **Privacy Law.** I am required by law to maintain the privacy of your protected health information. I am also required to provide clients with notice of my legal duties and privacy practices with respect to protected health information. That is the purpose of this Notice.
- B. **Terms of Notice.** I am required to abide by the terms of this Notice, or any amended Notice that may follow.
- C. **Changes to the Notice.** I reserve the right to change my privacy practices and the terms of this Notice at any time, and to make the new Notice provision effective for all protected health information that I maintain. When changes are made, copies of the revised Notice will be provided to current clients and upon request.
- D. **Complaints Regarding Privacy Rights.** If you are concerned that I may have violated your privacy rights, you may file a complaint using the contact information listed at the end of this Notice. 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 my policy that there will be no retaliation for your filing of such a complaint.
- E. **Effective Date.** This Notice is effective September 23, 2013.
- F. **Additional Information.** If you want more information about my privacy practices or have questions or concerns, please contact me.