

# Notice of Privacy Practices (BWIW)

## NOTICE OF PRIVACY PRACTICES

*This notice applies to psychotherapy clients at Beyond Words Integrative Wellness.*

## BEYOND WORDS INTEGRATIVE WELLNESS, LLC

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### Notice of Privacy Rights

This notice describes how medical (including mental health) information about you may be used and disclosed and how you can get access to this information. Please review it carefully. During the process of providing services to you, I may obtain, record, and use mental health and medical information about you that is protected health information. Ordinarily that information is confidential and will not be used or disclosed, except as described below.

#### I. Uses and Disclosures of Protected Information

A. General Uses and Disclosures Not Requiring the Client's Consent. I may use and disclose protected health information in the following ways:

1. **Treatment:** Treatment refers to the provision, coordination, or management of health care and related services. For example, I may use your information to plan your course of treatment and consult with other 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 your information to develop accounts receivable information, bill you, and with your consent, provide information to your insurance company for services provided. The information provided to insurers and other third party payers may include information that identifies you, and other information about your condition and treatment.
3. **Health Care Operations:** Health Care Operations refers to activities undertaken that are regular functions of management and administrative activities. For example, I may use your health information in monitoring of service quality, medical reviews, legal services, auditing functions, compliance programs, and business planning.
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 suspected child abuse or neglect; b) When court ordered to release information; c) When there is a legal duty to warn or take action regarding imminent danger to others; d) When a client is a danger to self or others or gravely disabled; e) When a Coroner is investigating a client's death; and f) To regulatory and oversight agencies that oversee my professional work.
6. Crimes on the premises or observed by myself: Crimes that are observed by myself or occur on the premises of my office will be reported to law enforcement.
7. Business Associates: Some of the functions of my practice may be provided by contracts with business associates. For example, some administrative, billing, legal, practice management, and auditing services may be provided by contracted entities. In those situations, protected health information may be provided to those contractors as needed to perform their contracted tasks. In those situations, the contracts are required to enter into an agreement maintaining the privacy of the protected health information released to them.
8. Research: I may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulations are followed. 45 CFR 164.512(i).
9. 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.
10. 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.
11. Emergencies: In life threatening emergencies I will disclose information necessary to avoid serious harm or death.

B. Client Authorization or Consent. I may not use or disclose protected health information in any other way without a signed Authorization or release of information. When you sign an Authorization, or a release of information, it 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.

## **II. Your Rights as a Client**

A. Additional Restrictions: You have the right to request additional restrictions on the use or disclosure of your health

information. I do not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request.

B. Alternative Means of Receiving Confidential Communications: You have the right to request that you receive communications of protected health information from me by alternative means or at alternative locations. For example, if you do not want me to mail bills or other materials to your home, you can

request that this information be sent to another address.

C. Access to Protected Health Information: You have the right to inspect and obtain a copy of the protected health information I have regarding you, in the designated record set. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies.

D. Amendment to Your Record: You have the right to request that I amend your protected health information. 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.

E. 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 made pursuant to a signed Authorization. There are other exceptions that will be provided to you, should you request an accounting. In order to exercise this right, ask me for an appropriate request form.

F. Copy of this Notice: You have the right to obtain another copy of this Notice upon request.

### **III. Additional Information**

A. Privacy Law: I am required by law to maintain the privacy of protected health information. In addition, I am required by law to provide clients with notice of my legal duties and privacy practices with respect to protected health info. That is the purpose of this Notice.

B. Terms of the 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 the terms of my Notice and to make the new Notice provisions effective for all protected health information that it maintains. If the Notice is revised, the revised Notice will be available to you.

D. Complaints Regarding Privacy Rights: If you believe I have violated your privacy rights, please discuss your concerns with me. 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, US Department of Health and Human Services, 200 Independence Avenue, SW, Room 515, HHH Bldg., Washington, DC, 20201.

E. Additional Information: If you desire additional information about your privacy rights please inquire.

Effective Date: This Notice is effective January 1, 2018.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE RECEIVED THIS NOTICE OF PRIVACY PRACTICES.