

HIPAA PHI Notice of Providers' Policies and Practices to Protect the Privacy of Your Health Information

Colorado Neurogeriatrics
Andrew Schechterman PhD LLC
Centennial, Colorado 80112
303-242-3510
Hello@AndrewSchechterman.com

This notice describes how healthcare information about you may be used and disclosed and how you can get access to this information. Some or all of this information may apply. Please review the information carefully. Health Information (e.g., www.HHS.gov and www.HIPAA.com) privacy and records policies can be complex but serve to protect your rights. Our goal is to provide you the best information possible.

I. This Practice, Uses and Disclosures for Consultation, Payment, and Health Care Operations: This Practice may use or disclose your protected health information (PHI), for consultation, payment, and health care operations purposes with your consent. To help clarify these terms:

- “PHI” refers to information in your health record that could identify you.
- “Consultation, Payment and Health Care Operations.” Consultation is when this Practice provides, coordinates or manages your health care and other services related to your health care. An example of consultation would be when this Practice consults with another health care provider, such as your physician.
- Payment is when this Practice obtains reimbursement for your healthcare. Examples of payment are when this Practice discloses your PHI to you or any 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 this 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 office and/or office and practice group, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of the office and/or practice group, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization: this Practice may use or disclose PHI for purposes outside of consultation, payment, or 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 this Practice is asked for information for purposes outside of consultation, payment, or health care operations, this Practice will obtain an authorization from you before releasing this information. This Practice will also need to obtain an authorization before releasing any Provider documents (e.g., notes, reports, patient produced data). “Provider documents” are any materials produced during a private, group, joint, or family consultation, which this Practice has kept separate from the rest of your general medical record. These documents are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or Provider Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that, (1) this Practice has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization: This Practice may use or disclose PHI without your consent or authorization in the following circumstances: (see Colorado statutes: Section 12-43-218, CRS., in particular).

- Child Abuse: If the Practice has reasonable cause to know or suspect that a child has been subjected to abuse or neglect, this Practice must immediately report this to the appropriate authorities.
- Adult (any age) and Domestic Abuse: If the Practice has reasonable cause to believe that an at-risk adult has been mistreated, self-neglected, or financially exploited and is at imminent risk of mistreatment, self-neglect, or financial exploitation, then this Practice must report this belief to the appropriate authorities.
- Health Oversight Activities: If the Colorado State Board of Provider Examiners or an authorized professional review committee is reviewing services, this Practice may disclose PHI to that board or committee.
- Judicial and Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and consultation or the records thereof, such information is privileged under state law, and this Practice will not release information without your written authorization or a court order. The privilege does not apply when a third party is evaluating you or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety: This Practice has a duty to warn where the patient has communicated to me a threat of imminent physical violence against a specific person or persons, including those identifiable by their association with a specific location or entity. When there is a duty to warn, this Practice shall make reasonable and

timely efforts to notify the person or persons, or the person or persons responsible for the specific location or entity that is specifically threatened. If this Practice believes that you are at imminent risk of inflicting serious harm on yourself, this Practice may disclose information necessary to protect you.

- **Worker's Compensation:** This Practice may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient Rights and Provider Duties (*please note that time limits, e.g., thirty days, three years, seven years, may apply to the following*):

Patient's Rights:

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information regarding you. However, this Practice is 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. On your request, this Practice will send your bills to another address.)
- **Right to Inspect and Copy:** With exception of provider Notes, you have the right to inspect or obtain a copy (or both) of PHI in the mental health and billing records (analog and/or digital) used to make decisions about you for as long as the PHI is maintained in the record: Seven (7) years from last date of service, secure and offsite. This Practice may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, this Practice 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. This Practice may deny your request. On your request, this Practice 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. On your request, this Practice will discuss with you the details of the accounting process.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Practice Duties:

This Practice is required by law to maintain the privacy of PHI and to provide you with a notice of the legal duties and privacy practices with respect to PHI.

- This Practice reserves the right to change the privacy policies and practices described here. Unless this Practice notifies you of such changes, however, this Practice is required to abide by the terms currently in effect.
- If the Practice revises the policies and procedures, you will provided with a written copy in person if possible, otherwise a copy may be mailed to you or provided to you at your next consult.

V. Complaints: If you are concerned that this Practice has violated your privacy rights, or you disagree with a decision this Practice made about access to your records, you may contact: Division of Occupations Grievance Board, State Board of Provider Examiners, 1560 Broadway, Suite 1370, Denver, CO 80202, (303) 894-7766. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The department listed above can provide you with the appropriate address upon request.

I have read and agree to the above. I understand this HIPAA PHI Notice of Providers' Policies and Practices to Protect the Privacy of Your Health Information and hereby give my fully informed consent.

Signature of Patient _____

Printed name _____

Date signed _____