

Aerie Counseling

8000 E. Prentice Ave, B-11
Greenwood Village, CO 80111
www.aeriecounseling.com

Notice of Privacy Policies and Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Given the nature of our work, at Aerie Counseling we believe that it is of the utmost importance to honor and protect the personal information of our clients. Your Protected Health Information (PHI) includes personal information about you and your health relating to your past, present or future physical or mental health condition and related health care services. This Notice of Privacy Policies and Practices describes how Aerie Counseling may use and disclose your PHI in accordance with applicable law and the Health Insurance Portability and Accountability Act (HIPAA).

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Policies and Practices. We have the right to change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our web site.

Aerie Counseling is required to follow all state statutes and regulations including Federal Regulation 42 C.F.R. Part 2 and Title 25, Article 4, Part 14 and Title 25, Article 1, Part 1, CRS and the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 142, 160, 162 and 164, governing testing for and reporting of TB, HIV AIDS, Hepatitis, and other infectious diseases, and maintaining the confidentiality of protected health information.

YOUR RIGHTS AS A CLIENT:

- You can ask to see or get an electronic or paper copy of your mental health record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your mental health record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.
- Please review the Consent For Communication Of Protected Health Information By Non-Secure Transmissions
- You are required to “opt-in” to receive communications electronically as set-forth in Aerie Counseling’s Consent for Transmission of Protected Health Information by Non-Secure Transmissions. If you choose not to “opt-in” to receive electronic communications, we will not communicate with you via electronic means.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C.

20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

We have a designated Privacy Officer to answer any questions and to ensure that Aerie Counseling complies with all applicable laws and regulations. Our Privacy Officer is Bethany Albrecht who you may contact with questions or complaints at 720-384-9662 or bethanyalbrecht@aeriecounseling.com.

YOUR CHOICES:

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. We may request you sign a separate document if you authorize us to share certain PHI. You may revoke that authorization at anytime for future disclosure. In these cases, you have both the right and choice to tell us to: 1). Share information with your family, close friends, or others involved in your care. 2). Share information in a disaster relief situation. 3). Include your information in a hospital directory. *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission: Marketing purposes, sale of your information, and most sharing of psychotherapy/assessment notes.

How we may use or share your health information:

- **For Treatment:** We can use your health information and share it with other professionals who are treating you.
- **For Healthcare Operations:** We can use and share your health information to run our practice, improve your care, and contact you when necessary. This may include sharing your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.
- **For Payment:** We can use and share your health information to bill and get payment from health plans or other entities.

Without Authorization: Applicable law and ethical standards require us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those are:

- We will share PHI if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- We will report to law enforcement official in order to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, evidence of a crime that occurred on the premises of the covered entity, alert law enforcement to the death of the individual when there is a suspicion that death resulted from criminal conduct, when responding to an off-site medical emergency, and when required by law to do so.
- We will report suspected abuse or neglect of a child or at risk adult.
- We will coordinate with health oversight agencies for activities authorized by law.
- We will share your PHI information, if required, with special government functions such as military, national security, and presidential protective services.
- In the context of alcohol and drug abuse treatment, we will disclose patient-identifying information to medical personnel who have a need for the information about a patient for the purpose of treating a condition which poses an immediate threat to the health of any individual and which requires immediate medical intervention.

Verbal Permission: We may use or disclose your information to family, friends, or other health care professionals or treatment providers that are or plan to be involved in your treatment with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

Our Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

The effective date of this Notice is January 6th, 2017