



## Notice of Privacy Practices

6180 Lehman Dr., Colorado Springs, CO, 80918

[inquiry@intermountaincounseling.com](mailto:inquiry@intermountaincounseling.com)

As required by the Health Insurance Portability and Accountability Act (HIPAA), 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 this notice carefully. Please ask me any questions you have about this notice.

**NOTE:** Covered health care providers who have direct treatment relationships with patients must give those patients the written Notice of Privacy Practices no later than the date of the first service delivery to the patient after April 14, 2003. Covered providers must make a good faith effort to obtain the patient's written acknowledgment of receipt of the Notice. Signatures are not specifically required to be on the Notice. The patient may, for example, sign a separate sheet or list, or may simply initial a cover sheet of the Notice to be retained by the provider. No specific form of written acknowledgment is specified. Oral acknowledgment is not considered appropriate. The Notice acknowledgment process is intended to provide a formal opportunity for the individual to engage in a discussion with a healthcare provider about privacy. At the very least, according to the Department of Health and Human Services, the process is intended to draw the individual's attention to the importance of the Notice.

### What is "Medical Information"?

The term "medical information" is synonymous with the terms "personal health information" and "protected health information" (P.H.I.) for purposes of this Notice. It essentially means any individually identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, that is created or received by a healthcare provider (me), health plan, or others and 2) relates to the past, present, or future physical or mental health or condition of an individual (you); the provision of health care (e.g., mental health) to an individual (you); or the past, present, or future payment for the provision of health care to an individual (you).

All therapists at Intermountain Counseling are mental health care providers. The term Intermountain Counseling refers to the organization and its employees. All Intermountain Counseling's providers are either licensed or registered with the state of Colorado. Licensed Professional Counselor's (LPC) licensed by the State of Colorado, Licensed Professional Counselor Candidates (LPCC), or Professional Counselor Interns (PCI). Both LPCC's and PCI's are supervised by mental health clinicians licensed in Colorado in through the Department of Regulatory Agency (DORA). Clinicians at Intermountain Counseling create and maintain treatment records that contain individually identifiable health information about you. These records are generally referred to as "medical records" or "mental health records," and this notice, among other things, concerns the privacy and confidentiality of those records and the information contained therein.

### Uses and Disclosures Without Your Authorization - For Treatment, Payment, or Health Care Operations:

Federal privacy rules (regulations) allow healthcare providers (me) who have a direct treatment relationship with the patient (you) to use or disclose the patient's personal health information, without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations. Intermountain Counseling clinicians may also disclose your protected health information for the treatment activities of any healthcare provider. This too can be done without your written authorization.

**An example of a use or disclosure for treatment purposes:** If an Intermountain Counseling clinician decides to consult with another licensed health care provider about your condition, I would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist me in the diagnosis or treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard, because physicians and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care among health care providers or by a healthcare provider with a third party, consultations between health care providers, and referrals of a patient for health care from one healthcare provider to another.

**An example of a use or disclosure for payment purposes:** If your health plan requests a copy of your health records, or a portion thereof, in order to determine whether or not payment is warranted under the terms of your policy or contract, Intermountain Counseling clinicians are permitted to use and disclose your personal health information.

**An example of a use or disclosure for health care operations purposes:** If your health plan decides to audit Intermountain Counseling in order to review your clinician's competence and performance, or to detect possible fraud or abuse, your mental health records may be used or disclosed for those purposes.

**PLEASE NOTE:** Intermountain Counseling staff, may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Your prior written authorization is not required for such contact.

### Other Uses and Disclosures without Your Authorization:

Intermountain Counseling clinicians may be required or permitted to disclose your personal health information (e.g., your mental health records) without your written authorization. The following circumstances are examples of when such disclosures may or will be made:

1. If disclosure is compelled by a court pursuant to an order of that court.
2. If disclosure is compelled by a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.
3. If a party to a proceeding compels disclosure before a court or administrative agency pursuant to a subpoena, subpoena duces tecum (e.g., a subpoena for mental health records), notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency.

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4. If a board, commission, or administrative agency pursuant to an investigative subpoena compels disclosure issued pursuant to its lawful authority.
5. If disclosure is compelled by an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum (e.g., a subpoena for mental health records), or any other provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.
6. If disclosure is compelled by a search warrant lawfully issued to a governmental law enforcement agency.
7. If disclosure is compelled by law or necessary for health care oversight. This includes, but is not limited to: (a) reporting suspected child abuse or neglect, suspected abuse or neglect of an elderly person, or suspected abuse or neglect of a person with special needs, (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 the client is a danger to self or others or has a grave disability, (e) when required to report certain communicable diseases and certain injuries, and (f) when a Coroner is investigating a client's death.
8. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or to the person or property of others, and if your Intermountain Counseling clinician determines that disclosure is necessary to prevent the threatened danger.
9. If disclosure is compelled or permitted by the fact that you tell your Intermountain Counseling clinician of a serious threat (imminent) of physical violence to be committed by you against a reasonably identifiable victim or victims.
10. As indicated above, an Intermountain Counseling staff is permitted to contact you without your prior authorization to provide appointment reminders or information about alternatives or other health-related benefits and services that may be of interest to you. Be sure to let me know where and by what means (e.g., telephone, letter, email, fax) you may be contacted.
11. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law, including but limited to, audits, criminal or civil investigations, or licensure or disciplinary actions. The Department of Regulatory Agencies (DORA), who license professional counselors and marriage and family therapists in the state of Colorado, is an example of a health oversight agency.
12. If disclosure is compelled by the U. S. Secretary of Health and Human Services to investigate or determine Intermountain Counseling clinician's compliance with privacy requirements under the federal regulations (the "Privacy Rule").

**PLEASE NOTE:** The above list is not an exhaustive list, but informs you of most circumstances when disclosures without your written authorization may be made. Other uses and disclosures will generally (but not always) be made only with your written authorization, even though federal privacy regulations or state law may allow additional uses or disclosures without your written authorization. Uses or disclosures made with your written authorization will be limited in scope to the information specified in the authorization form, which must identify the information "in a specific and meaningful fashion." You may revoke your written authorization at any time, provided that the revocation is in writing and except to the extent that your Intermountain Counseling clinician has taken action in reliance on your written authorization. Your right to revoke an authorization is also limited if the authorization was obtained as a condition of obtaining insurance coverage for you. If Colorado law protects your confidentiality or privacy more than the federal "Privacy Rule" does, or if Colorado law gives you greater rights than the federal rule does with respect to access to your records, I will abide by Colorado law. In general, uses or disclosures by me of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure. Similarly, when Intermountain Counseling requests your personal health information from another health care provider, health plan or health care clearinghouse, your clinician will make an effort to limit the information requested to the minimum necessary to accomplish the intended purpose of the request. As mentioned above, in the section dealing with uses or disclosures for treatment purposes, the "minimum necessary" standard does not apply to disclosures to or requests by a healthcare provider for treatment purposes because health care providers need complete access to information in order to provide quality care.

### **Your Rights Regarding Protected Health Information:**

1. You have the right to request restrictions on certain uses and disclosures of protected health information about you, such as those necessary to carry out treatment, payment, or health care operations. Your Intermountain Counseling clinician is not required to agree to your requested restriction. If your clinician does agree, they will maintain a written record of the agreed upon restriction.
2. You have the right to receive confidential communications of protected health information from me by alternative means or at alternative locations.
3. You have the right to inspect and copy protected health information about you by making a specific request to do so in writing. This right to inspect and copy is not absolute – in other words, Intermountain Counseling is permitted to deny access for specified reasons. For instance, you do not have this right of access with respect to my "psychotherapy notes." The term "psychotherapy notes" means notes recorded (in any medium) by a healthcare provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical (includes mental health) record. The term excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
4. You have the right to amend protected health information in my records by making a request to do so in a writing that provides a reason to support the requested amendment. This right to amend is not absolute – in other words, I am permitted to deny the requested amendment for specified reasons. You also have the right, subject to limitations, to provide Intermountain Counseling with a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become a part of your record.

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5. You have the right to receive a list of the disclosures of your personal information that have been made, other than for treatment, payment, or healthcare operations. This does not include disclosures made to you, disclosures made pursuant to a signed authorization, or disclosures made prior to your intake session.
6. You have the right to obtain a copy of this notice from me upon request.

**Intermountain Counseling Clinicians' Duties:**

Mental health clinicians are required by law to maintain the privacy and confidentiality of your personal health information. This notice is intended to let you know of your clinician's legal duties, your rights, and your Intermountain Counseling clinician's privacy practices with respect to such information. Your clinician is required to abide by the terms of the notice currently in effect. Intermountain Counseling reserves the right to change the terms of this notice and/or its privacy practices and to make the changes effective for all protected health information that Intermountain Counseling maintains, even if it was created or received prior to the effective date of the notice revision. If Intermountain Counseling makes a revision to this notice, they will make the notice available through your client portal or upon request on or after the effective date of the revision and it will be posted in a clear and prominent location.

As the Privacy Officer of Intermountain Counseling, Robert Carlson, LPC has a duty to develop, implement and adopt clear privacy policies and procedures for Intermountain Counseling and has done so. He is the individual who is responsible for assuring that these privacy policies and procedures are followed not only by your clinician, but by any employees that work for Intermountain Counseling or that may work for the practice in the future. All Intermountain Counseling employees have been trained, and any employees that may work for Intermountain Counseling in the future will be trained so that they understand the Intermountain Counseling privacy policies and procedures. In general, patient records, and information about patients, are treated as confidential in my practice and are released to no one without the written authorization of the patient, except as indicated in this notice or except as may be otherwise permitted by law. Patient records are kept secured so that they are not readily available to those who do not need them. You will not be penalized for making a complaint. If you have any questions, would like to request restrictions on uses and disclosure for health care treatment or operations, or would like to file a complaint, please contact me as the acting Privacy Officer for Intermountain Counseling, immediately at 719.357.6031.

This notice first became effective on April 14, 2003.

If you believe your privacy rights have been violated, you may file a complaint with your therapist, or with the HHS Office for Civil Rights:  
Elsa Ramirez  
Acting Regional Director and Executive Officer 999 18th Street South Terrace, Suite 400 Denver, CO 80202  
Phone Number: (303) 844-3372  
Fax Number: (303) 844-4545