

Mary Costello Stevens, LPC
7000 E. Belleview Ave Suite 350
Greenwood Village, Colorado 80111

NOTICE OF PRIVACY PRACTICES

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice describes how health information about you is protected, and also how it may be used and disclosed. During the process of providing services, Mary Costello Stevens, LPC, will 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. Colorado law provides strict protections for patient confidentiality, which together with ethical restrictions and standards often will be more private than HIPAA guidelines. This notice takes on April 15, 2003 and will remain in effect until it is replaced.

USES, DISCLOSURES, AND COMMUNICATION OF PROTECTED INFORMATION

A. General Uses and Disclosures Not Requiring the Patient's Consent.

- 1. Treatment:** Treatment refers to the provision, coordination, or management of health care (including mental health care) and related services. During treatment, the provider may consult with other providers, without identifying you by name, and also not disclosing any other identifying information about you, in order to ensure the best care possible for your concerns.
- 2. Payment:** Payment refers to the activities undertaken by the provider to obtain or provide reimbursement for the provision of health care. For example, the provider will use your information to develop accounts receivable information, to bill you, and with your consent, to bill third parties. If you elect to have a third party pay for your treatment, the information provided to the third party may include information that identifies you as well as your diagnosis, type of service, date of service, and other information about your condition and treatment.
- 3. Operations:** Operations refers to the use and disclosure of health information for activities that relate to the performance and operation of my practice. Examples of health care operations are review of treatment procedures or business operations, quality assessment and improvement activities, and staff training.
- 4. Contacting the Patient:** The provider may contact you to remind you of appointments, or to change or cancel appointments. The provider may leave messages on voicemail or with other parties, identifying the name and phone number of the provider. The provider will use best judgment in the details left on a voicemail. If you do not want the provider leaving messages, or if you wish to restrict the messages in any way, please notify the provider in writing.
- 5. Required by Law:** The provider will disclose protected health information when required by law or necessary for health care oversight. This includes, but may not be limited to: (a) reporting child abuse or neglect; (b) reporting abuse of elders or at-risk adults; (c) when court ordered to release information; (d) when there is a legal duty to warn or take action regarding imminent danger to others; (e) when the patient is a danger to self or others or gravely disabled; (f) when a coroner is investigating the patient's death.
- 6. Family Members:** Except for certain minors, protected health information cannot be provided to family members without the patient's consent. In situations where family members are present during a discussion with the patient, and it can be reasonably inferred from the circumstances that the patient does not object, information may be disclosed in the course of that discussion. However, if the patient objects, protected health information will not be disclosed.
- 7. Emergencies:** In life-threatening emergencies, the provider will disclose information necessary to avoid serious harm or death.

B. Patient Authorization or Release of Information: The provider may not use or disclose protected 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 the provider has already taken action in reliance thereon.

C. Alternative Means of Receiving Confidential Information: You have the right to request that you receive communications of protected health information from the provider by alternative means or at alternative locations. For example, if you do not want the provider to mail statements or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such requests. You will also have to pay any additional costs that may be associated with such a request.

D. Client Rights: You have certain rights related to your protected health information:

- 1. Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information regarding you. The request must be in writing, and I am not required to agree to a restriction you request.
- 2. 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, I will send your bills to another address.)

3. **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
4. **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
5. **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
6. **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.
7. **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket:** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.

E. Provider's Duties: As a mental health provider, I have certain duties to you related to your protected health information.

1. I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
2. I am required to notify you if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.
3. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
4. If I revise my policies and procedures, I will send a revised Notice of Privacy Practices by mail or email to the address I have in your record.

Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact the Privacy Officer, Mary Costello Stevens at 303-380-7070

If you believe that your privacy rights have been violated and wish to file a complaint with my office, you may send your written complaint to Mary Costello Stevens, LPC at 303-380-7070, marycostellostevens@gmail.com. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. I will not retaliate against you for exercising your right to file a complaint.

This Notice is February, 2019.

I hereby acknowledge that I have received a copy of the provider's Notice of Privacy Rights.

Client or Parent/Guardian Signature

Date

Mary Costello Stevens, LLC, Revised 5/2012