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Notice of Privacy 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 IT CAREFULLY.

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice of Privacy Practices, legal obligations, and your rights concerning your health information (“Protected Health Information” or “PHI”). I must follow the privacy practices that are described in this Notice.

For more information about my privacy practices or for additional copies of this practice, please contact me using the information listed in Section II G of this notice.

I. Uses and Disclosure of Protected Health Information

A. Permissible Uses and Disclosures without your Written Authorization

1. **Treatment:** I may use and/or disclose PHI in order to provide treatment to you. For example, I may use PHI to diagnose and provide counseling service to you. In addition, I may disclose PHI to other health care providers involved in your treatment.
2. **Payment:** I may use and/or disclose PHI so that services you receive are appropriately billed to and payment is collected from your health insurance. I may need to disclose PHI to permit your insurance to take certain actions before it approves or pay for your treatment services.
3. **Health Care Operations:** I may use and/or disclose PHI in connection with my healthcare operations, including quality improvement activities, training programs, accreditation, certification, licensing, or credentialing activities.
4. **Required or Permitted by Law:** I may use and/or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition, I may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities, health oversight activities including disclosures to state and federal agencies authorized to access PHI, disclosures to judicial and law enforcement officials in response to a court order or other lawful process, disclosures for research when approved by an institutional review board, and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.

B. Uses and Disclosures Requiring your Written Authorization

1. **Psychotherapy Notes:** Notes recorded by your clinical therapist documenting the contents of a counseling session with you, Psychotherapy Notes, will be used only by your clinician and will not otherwise be used or disclosed without your written authorization.
2. **Marketing Communication:** I will not use your health information for marketing communications without your written authorization.
3. **Other Uses and Disclosures:** Uses and disclosures other than those described in Section I A above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send PHI to your life insurance company, to a school, or to your attorney.

You may revoke authorization at any time.

II. Your Individual Rights

- A. **Right to Inspect and Copy:** You may request access to your medical record and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the costs of copying and sending you any records requested. [Note: State law may regulate such charges.] If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you (e.g. records related to mental health, drug treatment, or family planning services).
- B. **Right to Alternative Communications:** You may request, and I will accommodate any reasonable written request for you to receive PHI by alternate means of communication or at alternate locations.
- C. **Right to Request Restrictions:** You have the right to request a restriction on PHI used for disclosure for treatment, payment, or health care operations. You must request any such restriction in writing. I am not required to agree to any such restriction you may request.
- D. **Right to Accounting of Disclosures:** Upon written request, you may obtain an accounting of certain disclosures of PHI made by me. This right applies to disclosures made to you or disclosures otherwise authorized by you and is subject to other restrictions and limitations.
- E. **Right to Request Amendment:** You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.
- F. **Right to Obtain Notice:** You have the right to obtain a paper copy of this notice by submitting a request to the Privacy Officer at any time.
- G. **Questions and Complaints:** If you desire further information about your privacy rights or are concerned that I have violated your privacy rights, you may contact me at 303-886-5820. You may also file written complaints with the Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint.