

NOTICE OF PRIVACY POLICIES AND PRACTICES

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

Given the nature of Jay D Fellers LCSW PC's work, it is imperative that it maintains the confidence of client information that it receives in the course of its work. Jay D Fellers LCSW PC's is a mental health counseling practice that prohibits the release of any client information to anyone outside immediate staff, employees, interns, and/or volunteers except in limited circumstances in accordance with this Notice of Privacy Policies and Practices. Discussions or disclosures of protected health information ("PHI") within the organization are limited to the minimum necessary that is needed for the recipient of the information to perform his/her job. Please review this Notice of Privacy Policies and Practices ("Notice of Privacy Policies"). It is the policy of Jay D Fellers LCSW PC's to:

1. fully comply with the requirements of the HIPAA General Administrative Requirements, the Privacy and Security Rules;
2. provide every client who receives services at Jay D Fellers LCSW PC's with a copy of this Notice of Privacy Policies;
3. ask the client to acknowledge receipt when given a copy of this Notice of Privacy Policies;
4. ensure the confidentiality of all client records transmitted by facsimile;
5. obtain from each client an informed Authorization for Release of Protected Health Information form when required.

Jay D Fellers LCSW PC's is required to follow all state and federal 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.

PHI refers to any information that is created or received by Jay D Fellers LCSW PC's that relates to an individual's past, present, or future: physical or mental health; information related to an individual's services; payment for services; and/or information of personal identity. HIPAA and federal law regulate the use and disclosure of PHI when transmitted electronically.

YOUR RIGHTS AS A CLIENT:

When it comes to your health information, you have the following rights.

Get an electronic or paper copy of your mental health record

- 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. Ask us how to do this.
- 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 to fulfill your request.
- If we deny your request, in whole or in part, we will let you know why in writing and whether you have the option of having the decision reviewed by an independent third-party.

Ask us to correct your mental health record

- You can request corrections to your health information; should we deny this request, an explanation will be provided 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 the Consent for Communication of Protected Health Information by Unsecure Transmissions.

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; however we may decline your request 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 upon further requests.

Get a copy of this privacy notice

You have a right to obtain a copy of this Notice upon request. 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, upon confirmation that they hold such authority.

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.
- You may also file a complaint with the Colorado Department of Regulatory Agencies, Division of Professions and Occupations, Mental Health Section; 1560 Broadway, Suite 1350, Denver, Colorado, 80202, 303-894-2291; DORA_Mentalhealthboard@state.co.us. Please note that the Department of Regulatory Agencies may direct you to file your complaint with the U.S. Department of Health and Human Services Office for Civil Rights listed above and may not be able to take any action on your behalf.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Jay D Fellers LCSW PC's may use and disclose PHI, without an individual's written authorization, for the following purposes:

1. **Treatment:** disclosing and using your PHI by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members and for coverage arrangements during your primary therapist's absence, and for sending appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
2. **Payment:** disclosing and using your PHI so that Jay D Fellers LCSW PC's can receive payment for the treatment services provided to you, such as giving information about you to your health insurance plan so it will pay for your services.
3. **Health Care Operations:** disclosing and using your PHI to support CSC's business operations which may include but not be limited to: quality assessment activities, licensing, audits, training programs, and other business activities.

Uses and disclosures for payment and health care operations purposes are subject to the minimum necessary requirement. This means that Jay D Fellers LCSW PC's may only use or disclose the minimum amount of PHI necessary for

the purpose of the use or disclosure. Uses and disclosures for treatment purposes are not subject to the minimum necessary requirement.

Jay D Fellers LCSW PC's is required to promptly notify you of any breach that may have occurred and/or that may have compromised the privacy or security of your PHI.

Confidentiality of client records and substance abuse client records maintained are protected by federal law and regulations. It is Jay D Fellers LCSW PC's's policy that a client must complete an Authorization for Release of Protected Health Information, prior to disclosing health information to another individual and/or entity for any purpose, except as set forth in this Notice.

Other than for treatment, payment, or health care operations purposes, Jay D Fellers LCSW PC is prohibited from disclosing or using any PHI outside of the organization, including disclosing that the client is in treatment without written authorization, unless one of the following exceptions arises:

1. Responding to lawsuit and legal actions, (Disclosure by a court order/subpoena or in response to a complaint filed against Jay D Fellers LCSW PC's, etc. This does not include a request by you or another party for your records).
2. Disclosure is made to medical personnel in a medical emergency.
3. Help with public health and safety issues (Client commits, threatens to commit, or is observed committing a crime either at Jay D Fellers LCSW PC's or against any person who works for Jay D Fellers LCSW PC's; reasonable suspicion of child abuse or neglect or abuse or exploitation of an at-risk elder; Client is planning to harm another person or self harm).
4. Address workers' compensation, law enforcement, and other government requests.
5. Respond to organ and tissue donation requests.
6. In compliance with other state and/or federal laws and regulations.

The above exceptions are subject to several requirements under the Privacy Rule, including the minimum necessary requirement and applicable federal and state laws and regulations. See 45 C.F.R. § 164.512. Before using or disclosing PHI for one of the above exceptions, CSC's staff must consult CSC's Privacy Officers (Marci Brewer and/or Jeff Kisicki, 303-433-0188) to ensure compliance with the Privacy Rule. Violation of these federal and state guidelines is a crime carrying both criminal and monetary penalties. Know that CSC will never market or sell your personal information without your permission.

SPECIAL AUTHORIZATIONS

Certain categories of information have extra protections by law, and thus require special written authorizations for disclosures.

Psychotherapy Notes: Jay D Fellers LCSW PC's may keep and maintain "Psychotherapy Notes", which may include but are not limited to notes your primary therapist has made about your conversation during a private, group, joint, or family counseling session, which is kept separately from the rest of your record. These notes are given a greater degree of protection than PHI. These are not considered part of your "client record." Jay D Fellers LCSW PC's will obtain a special authorization before releasing your Psychotherapy Notes.

HIV Information: Special legal protections apply to HIV/AIDS related information. Jay D Fellers LCSW PC's will obtain a special written authorization from you before releasing information related to HIV/AIDS.

Alcohol and Drug Use Information: Special legal protections apply to information related to alcohol and drug use and treatment. Jay D Fellers LCSW PC's will obtain a special written authorization from you before releasing information related to alcohol and/or drug use/treatment.

You may revoke all such authorizations to release information at any time, provided each revocation is in writing, signed by you, and signed by a witness. You may not revoke an authorization to the extent that (1) Jay D Fellers LCSW PC's has already relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, the law provides the insurer the right to contest the claim under the policy.

As a covered entity under the Privacy and Security Rules, Jay D Fellers LCSW PC's is required to reasonably safeguard PHI from impermissible uses and disclosures. Safeguards may include, but are not limited to the following:

1. Not leaving test results unattended where third parties without a need to know can view them.
2. Any PHI received as a Jay D Fellers LCSW PC's employee, intern, or volunteer about a client or potential client, may not be used or disclosed for non-work purposes or with unauthorized individuals.
3. When speaking with a client about his or her PHI where third parties could possibly overhear, the conversation will be moved to a private area.
4. Seeking legal counsel in uncertain situations and/or incidences.

5. Obtaining a Business Associates Agreement with those third-parties that have access to and/or store client information, as required by law.
6. Implementing FAX security measures
7. Obtaining your consent prior to sending any PHI by unsecure electronic transmissions
8. Providing information on Jay D Fellers LCSW PC's's electronic record-keeping.

YOUR CHOICES:

For certain health information, you can tell us (verbal authorization) 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:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

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 and for your care/treatment. We may also share your information when needed to lessen a serious and imminent threat to public health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Changes to the Terms of this Notice

We can 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.

This notice is effective _____ 2020.

Jay D Fellers LCSW

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

PRIVACY PRACTICES

I acknowledge receipt of this notice

Patient Name: _____ Date: _____ Signature: _____

Patient Name: _____ Date: _____ Signature: _____

Patient Name: _____ Date: _____ Signature: _____