

NOTICE OF PRIVACY RIGHTS

This notice describes how confidential mental health treatment information concerning you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

During the process of providing services to you, the provider will obtain, record, and use mental health and medical information about you that is protected health information (PHI). Ordinarily, that information is confidential and will not be used or disclosed, except as described below. I reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

USES AND DISCLOSURES NOT REQUIRING YOUR CONSENT

Treatment: Treatment refers to the provision, coordination, or management of mental health care and related services by health care providers. The provider will use your information to plan your course of treatment and consult with other health care professionals or their staff concerning services needed or provided to you.

Payment: The provider will use information that identifies you, including information concerning your diagnosis, services provided to you, dates of services, and services needed by you, and may disclose such information to insurance companies and to third party payers in order to obtain payment for services.

Health Care Operations: Health Care Operations refers to activities undertaken by the provider that are regular functions of management and administrative activities of the practice. For example, the provider may use or disclose your health information in the monitoring of service quality and obtaining legal services.

Required by Law: The provider will disclose protected health information when required by law. This includes, but is not limited to (a) reporting child abuse or neglect to the Department of Human Services or to law enforcement; (b) when court ordered to release information; (c) when there is a legal duty to warn or take actions regarding imminent danger to others; (d) when the client is a danger to self or others or is gravely disabled (e) when a coroner is investigating the client's death; or (f) to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, or regulatory compliance.

Law Enforcement: Crimes that are observed by the provider or provider's colleagues, crimes that are directed toward the provider or colleagues, or crimes that occur on the premises will be reported to law enforcement.

Contacting the Client: The provider may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.

Adam Woodruff, MS, LMFT, CAC II
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Involuntary Clients: Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers and others, as necessary to provide the care and management coordination as needed.

Family Members: Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed. I may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

Emergencies: In life threatening emergencies the provider will disclose information necessary to avoid serious harm or death. I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

RELEASE OF INFORMATION REQUIRING YOUR AUTHORIZATION

The provider may not use or disclose protected health 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 the reliance thereon.

YOUR RIGHTS AS A CLIENT

You have certain rights under the federal privacy standards. These include:

- The right to request restriction on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. I may charge a reasonable, cost-based fee for copies.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

THE PROVIDER'S DUTIES

The provider is required by law:

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- To maintain the privacy of your protected health information.
- To provide you with the notice of privacy practices.
- To abide by the privacy policies and practices outlined in this notice.
- To provide you written notification of any breaches in security of your protected health information.
- In the event you have paid for services out-of-pocket, I must accommodate your request that I not disclose PHI related solely to those services paid for out-of-pocket if the disclosure is to be made to a health plan for payment or health care operations.

RIGHTS TO REVISE PRIVACY PRACTICES

As permitted by law, the provider reserves the right to amend or modify our privacy policies and practices. These changes in policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, the provider will provide you with a revised notice at your next office visit. The revised policies and practices will be applied to all protected health information that is maintained.

COMPLAINTS

If you believe the provider has violated your privacy rights, you have the right to complain to the provider. Your therapist is the person designated within the practice to receive your complaints. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil

Rights, U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Room 515F, HHH Bldg., Washington, DC, 20201. It is the policy of the provider that there will be no retaliation for your filing of such complaints.

ADDITIONAL INFORMATION

If you want additional information about your privacy rights, ask your therapist.

EFFECTIVE DATE

This notice is effective on or after 11/6/13.

ACKNOWLEDGEMENT FORM

I have received the **NOTICE OF PRIVACY RIGHTS** and have been provided an opportunity to review it.

Name: _____ Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____