

SisuWell Counseling, LLC
8500 W. Bowles Ave. Ste 315
Littleton, CO 80123
720.869.7900

HIPAA PRIVACY STATEMENT: NOTICE OF PRIVACY RIGHTS

This notice contains information concerning how confidential mental health treatment information concerning you may be used and disclosed and how you can obtain access to this information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). During the process of receiving services from SisuWell Counseling, LLC, information will be obtained and used regarding mental health and medical health and is both confidential and privileged.

I. USES AND DISCLOSURES OF PROTECTED INFORMATION

Uses and Disclosures Not Requiring the Client's Consent

1. *Treatment:* SisuWell Counseling, LLC therapists (Michaela Vogt, LPC LAC) involved with your care may use your information to plan your course of treatment and consult with other health care professionals concerning services needed or provided to you.
2. *Payment:* Payment refers to activities undertaken by a health care provider to obtain or provide reimbursement for the provision of health care. For example, SisuWell Counseling, LLC and other healthcare professionals use information that identifies you including your diagnosis, services provided to you, dates of services, and services needed by you and may disclose such information to insurance companies and businesses that review bills for health care services and handle claims for payment of health care benefits.
3. *Required by Law:* SisuWell Counseling, LLC will disclose protected health information (PHI) 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 of a threat that a client has made of imminent violence, health care professionals are required to notify the potential victim of such a threat and to report it to law enforcement.
 - d. When a client is imminently dangerous to himself/herself or to others or is gravely disabled health care professionals may have a duty to hospitalize the client in order to obtain a 72-hour evaluation of the client.
 - e. When required to report a threat to the national security of the United States.
4. *Health Oversight Activities:* Your confidential PHI may be disclosed to health oversight agencies for oversight activities authorized by law for the oversight of the health care system, government health care benefit programs, regulatory programs, or determining compliance with program standards.
5. *Business Associates:* Confidential PHI concerning you, provided to insurers, or to insurance plans for the purposes of payment for services that you receive may be disclosed to business associates. For example, some administrative, quality assurance, billing, legal, auditing services may be provided by contracting with outside entities to perform those services.
6. *Research:* Your PHI may be used with your permission for research purposes if the relevant provisions of the federal HIPAA privacy regulations are followed.
7. *Family Members:* Except for certain minors, incompetent clients, or involuntary clients, PHI cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with a client and it can be reasonably

inferred from the circumstances that the client does not object, information may be disclosed. However, if the client objects, PHI will not be disclosed.

II. YOUR RIGHTS AS A CLIENT

1. *Access to PHI:* You have the right to receive a summary of confidential health information concerning you with regard to mental health services needed or provided to you. There are some limitations to this right which will be provided to you, at the time of your request, if any such limitation applies. To make a request, ask SisuWell Counseling, LLC for the appropriate form.
2. *Amendment of Your Record:* You have the right to ask SisuWell Counseling, LLC to amend your PHI. SisuWell Counseling, LLC is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of request, if relevant, along with the appeal process available to you.
3. *Accounting of Disclosures:* You have the right to receive an accounting of certain disclosures SisuWell Counseling, LLC has made regarding your PHI. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you, disclosures made pursuant to a signed authorization, or disclosures made prior to April 14, 2003. There are other exceptions, which will be provided to you at the time of request, if relevant, along with the appeal process available to you.
4. *Additional Restrictions:* You have the right to request additional restrictions on the use or disclosure of your health information. SisuWell Counseling, LLC does not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request.
5. *Alternative Means of Receiving Confidential Communication:* You have the right to request that you receive communications of protected health information from SisuWell Counseling, LLC by alternative means or at alternative locations.
6. *Copy of this Notice:* You have the right to receive another copy of this notice upon request.

III. ADDITIONAL INFORMATION

Terms of the Notice and Changes to the Notice: SisuWell Counseling, LLC is required to abide by the terms of this notice, or any amended notice that may follow. SisuWell Counseling, LLC reserves the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains.

Complaints Regarding Privacy Rights: If you believe SisuWell Counseling, LLC has violated your privacy rights you have the right to complain. Please submit a statement, in writing, concerning your complaint:

SisuWell Counseling, LLC
8500 W. Bowles Ave. Ste 315
Littleton, CO 80123
720-869-7900

You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to:

US Department of Health and Human Services
Attn: Office of Civil Rights
200 Independence Ave. SW
Room 515F; HHH Building
Washington DC, 20201

It is the policy of SisUWell Counseling, LLC that there will be no retaliation for your filing a complaint.

IV. CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

The confidentiality of alcohol and drug abuse patient records maintained by SisUWell Counseling, LLC is protected by federal law and regulations: Generally, staff may not say to a person outside of SisUWell Counseling, LLC that a patient attends the program or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The patient consents in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency.

My signature below indicates I have read and understand the preceding information and disclosures. I have received a copy of this Disclosure Statement and Notice of Privacy Rights and agree to the aforementioned terms:

Client Name: _____

Client Signature: _____ Date: _____

Therapist/Witness: _____ Date: _____