

STEFANIE M. BROWN, JD MA LMFT CACI
LICENSED MARRIAGE & FAMILY THERAPIST
CERTIFIED ADDICTION COUNSELOR I

PTSD TRAUMA TREATMENT CENTER
TRADITIONAL AND EQUINE ASSISTED PSYCHOTHERAPY

422 E. VERMIJO AVENUE, SUITE 201
COLORADO SPRINGS, COLORADO 80903

TEL (719) 432-8175 ♦ (719) 213-2322 FAX

www.OperationNewNormal.com
Stefanie@OperationNewNormal.com

HIPAA COLORADO NOTICE FORM

**NOTICE OF PSYCHOTHERAPIST STEFANIE BROWN'S
POLICIES AND PRACTICES TO PROTECT THE PRIVACY
OF YOUR HEALTH INFORMATION**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL / PSYCHOTHERAPEUTIC INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

STEFANIE BROWN may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

"PHI" refers to information in your Private Health Information record that could identify you.

"Treatment, Payment and Health Care Operations"

Treatment is when STEFANIE BROWN provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when Stefanie Brown consults with another health care provider, such as your family physician or another psychologist /psychotherapist, or a supervisor.

Payment is when STEFANIE BROWN obtains reimbursement for your healthcare. Examples of payment are when STEFANIE BROWN discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage (in order to maximize your insurance reimbursement directly to you).

Health Care Operations are activities that relate to the performance and operation of STEFANIE BROWN's practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

"Use" applies only to activities within STEFANIE BROWN's practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

"Disclosure" applies to activities outside of STEFANIE BROWN's practice such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

STEFANIE BROWN may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits

only specific disclosures. In those instances when STEFANIE BROWN is asked for information for purposes outside of treatment, payment or health care operations, STEFANIE BROWN will obtain an authorization from you before releasing this information.

You may revoke any authorization at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) STEFANIE BROWN has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent or Authorization

STEFANIE BROWN may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse – If STEFANIE BROWN has reasonable cause to believe that a child has been abused, STEFANIE BROWN must report that belief to the appropriate authority.

Adult and Domestic Abuse – If STEFANIE BROWN has reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, STEFANIE BROWN must report that belief to the appropriate authority.

Health Oversight Activities – If STEFANIE BROWN is the subject of an inquiry by the Colorado Board of Licensed Professional Counselors or a related Board, STEFANIE BROWN may be required to disclose protected health information regarding you in proceedings before the Board.

Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made about the professional services STEFANIE BROWN provided you or the records thereof, such information is privileged under state law, and will not be released information without your written consent or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety – If STEFANIE BROWN determines, or pursuant to the standards of the supervising therapist's profession should determine, that you present a serious danger of violence to yourself or another, that STEFANIE BROWN may disclose information in order to provide protection against such danger for you or the intended victim.

Worker's Compensation – STEFANIE BROWN may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and Psychotherapist's Duties

Patient's Rights:

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. However, STEFANIE BROWN is not required to agree to a restriction you request—unless compelled to do so by law or ethics.

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 a therapist. On your request, STEFANIE BROWN will send correspondence to you to another address.)

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both), or a summary, of PHI in STEFANIE BROWN's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. STEFANIE

BROWN may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, STEFANIE BROWN will discuss with you the details of the request and denial process.

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. STEFANIE BROWN may deny your request. On your request, STEFANIE BROWN will discuss with you the details of the amendment process.

Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI. On your request, STEFANIE BROWN will discuss with you the details of the accounting process.

Right to a Paper Copy – You have the right to obtain a paper copy of the notice from STEFANIE BROWN upon request, even if you have agreed to receive the notice electronically.

Psychotherapist's Duties:

STEFANIE BROWN is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

STEFANIE BROWN reserves the right to change the privacy policies and practices described in this notice. Unless STEFANIE BROWN notifies you of such changes, however, STEFANIE BROWN is required to abide by the terms currently in effect.

If STEFANIE BROWN revises its policies and procedures, these revisions will be provided upon written request.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision STEFANIE BROWN makes about access to your records, or have other concerns about your privacy rights, you may contact STEFANIE BROWN at 719-432-8175.

If you believe that your privacy rights have been violated and wish to file a complaint with STEFANIE BROWN, you may send your written complaint to her at the office address on this letterhead. You may also send a written complaint to the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice is effective January 03, 2012.

STEFANIE BROWN reserves the right to change the terms of this notice, make restrictions or limitations, and to make the new notice provisions effective for all PHI that STEFANIE BROWN maintains. STEFANIE BROWN will provide you with a revised notice by posting the revisions in our waiting area. A written copy will be provided upon written request.

HIPAA COLORADO NOTICE FORM

The *Health Insurance Portability and Accountability Act*, or **HIPAA**, is a federal law that provides new privacy protections and new client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment and health care operations. HIPAA requires that the Stefanie Brown provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. The HIPAA regulations are compliant within the client consent for treatment forms you have been provided. These forms, on file at STEFANIE BROWN's office are a part of your confidential record and are included as part of our mental health services agreement to you or your family members who are minors.

The law requires that STEFANIE BROWN obtain your signature acknowledging that you have been provided with this information.

In accordance with HIPAA, STEFANIE BROWN keeps mental health information and records confidential and will only use them for client treatment—including supervision, health care operations and billing purposes.

Treatment: STEFANIE BROWN will use your mental health information to give you the best possible care.

Health Care Operation: STEFANIE BROWN will use this information for appropriate follow-up care and client notification.

Billing purposes: At this time, STEFANIE BROWN accepts direct payment, Tricare, Aetna, Cofinity, and Cigna. She will likely have to disclose some of your mental health information, including diagnosis, and supply the appropriate third party(s) with identifying information in order for you to maximize your insurance benefit and/or Tricare reimbursement for services provided to you by STEFANIE BROWN. Your signature below authorizes that disclosure to the carrier/Tricare and payment to STEFANIE BROWN

DISCLOSURE OF INFORMATION WITH EXTENUATING CIRCUMSTANCES

1. Mental health information will be given to family members in case of an emergency or under other circumstances with proper authorization and documentation.
2. Mental health information may be given to other licensed psychotherapists, mental health professionals or medical professionals or institutions under emergency situations.
3. Information may be given to proper authorities when neglect or abuse is alleged or suspected.
4. Information may have to be provided to courts or other agencies when a valid subpoena or court order is served on this office or Stefanie Brown.
5. Your contact information and information about any outstanding amount due may be given to a collection agency or others in an effort to collect on a debt to Stefanie Brown or the office.

STEFANIE BROWN is required to follow the privacy practices described in this notice, though we reserve the right to change our privacy practices and the terms of this notice at any time. If we do so, we will post a new notice in our waiting room area and on our professional website.

You may request a copy of the new notice from STEFANIE BROWN.

ACKNOWLEDGMENT

I acknowledged that I have received (or declined) a paper copy of this Notice and can ask any questions about this notice to Privacy Officer, Stefanie Brown.

 Client *Signature* Client Name *Printed* Date

If signing for a Minor, name of Minor _____ & Relationship _____

 Client *Signature* Client Name *Printed* Date

If signing for a Minor, name of Minor _____ & Relationship _____