

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!**

This office is permitted by federal privacy laws to make uses and disclosures of your Protected Health information (PHI) for purposes of treatment, payment, and health care operations. PHI is the information we create and obtain in providing our services to you.

Colorado state law and the professional standards and ethics for Mental Health Professionals are more stringent than the new federal laws (HIPPA) regarding PHI. We will, as always, follow these higher standards.

#### **Examples of Uses of Your Health Information For Treatment Purposes Are:**

- During the course of your treatment, the provider determines he/she will need to consult with your primary care physician or another specialist. He/she will share information and obtain his/her input.
- Office staff may call or leave message about your appointment time, verify and call in prescription refills or provide information concerning your care as directed by your provider.

#### **Examples of Uses of Your Health Information for Payment Purposes:**

- We submit requests for payment to your health insurance company. They may ask for additional information regarding care given. We may also disclose PHI to verify benefits or to obtain authorizations for treatment.

#### **Examples of Use of Your Health Information for Health Care Operations:**

- We may disclose PHI information to our business associates in order for

them to provide services for us. This would include billing companies, collection agencies, accountants, or transcription companies.

#### **YOUR HEALTH INFORMATION RIGHTS**

The mental health and billing records we maintain are the physical property of the clinic. The information in it, however, belongs to you. You have a right to:

- You may request restriction on certain uses and/or disclosures of your PHI as provided by law. Submit written request to our office – we are not required to grant the request, but will do our best to comply.
- Obtain a paper copy of our Notice of Privacy Practices.
- Request that you be allowed to inspect and copy your health record and billing record. Submit your request in writing.
- Appeal a denial of access to your PHI.
- Amend your PHI as provided by law. Submit your request in writing. You must provide a reason that supports your request. We may deny your request if you ask us to amend information that:
  - Was not created by us;
  - Is not part of your PHI kept by our office.
  - Not part of the information that you are permitted to inspect or copy; or
  - Is accurate and complete
- If your request is denied, you will be informed of the reason and have the right to submit a written statement of disagreement.
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office.
- Obtain a list of the non-routine PHI disclosures we have made. Must be in writing and state a time period which

cannot be longer than 6 years and not include dates prior to April 14, 2003.

- Revoke any authorization, in writing at any time, except to the extent information or action has already been taken.

All requests should be sent in writing to Pathways Privacy Officer, 3211 20<sup>th</sup> Street, Ste D, Greeley, CO 80634

If your complaint is not satisfactorily resolved, you may file a complaint with the Secretary of Health and Human Service, Office for Civil Rights. Our Privacy Officer will furnish you with the address upon request. To obtain more information, or have your questions about your rights answered, please contact our Privacy Officer.

#### **OUR RESPONSIBILITIES**

- Maintain the privacy of your PHI and to provide you a copy of this notice;
- Abide by the terms of this Privacy Notice;
- Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all PHI .
  - Will not retaliate against you for making a complaint.
- Will make a good faith effort to obtain from you an Acknowledgement of receipt of this Notice.
- Will post this Privacy Notice in our lobby and on the Practice's web site.

#### **AUTHORIZATION NOT REQUIRED**

- *De-identified information-PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you*
  - *Personal Representative*-To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

- *Disaster Relief*: We may use and disclose your PHI to assist in disaster relief efforts.

- *Food & Drug Administration (FDA)*: If required to report adverse reactions to medications, product defects, problems, or to track or enable product recalls.

- *Workers Compensation*- If you involved in Workers' Compensation claims, we may be required to disclose your PHI to an individual or entity of the Work Comp system.

- *Public Health*: As Authorized by law, we may disclose your PHI to prevent or control diseases, injury, or disability;. This includes reports of child abuse or neglect.

- *Abuse, Neglect and Domestic Violence*: State and federal laws require that we share PHI even without your authorization to report known or suspected child abuse, neglect or domestic violence.

- *Business Associate*-An entity Pathways contracts with to provide services e.g. billing service, transcription, computer, only after written contract in place to ensure protection of PHI.

- *Inmates*:- If you are an inmate of a correctional institution, we may disclose your PHI if necessary to provide care, treatment or for health and safety of others.

- *Law Enforcement*: We may disclose your PHI for law enforcement purposes as required by law, such as subpoena, suspect or missing person, crime victim, death resulting in criminal conduct, crime on location, or medical emergency involving crime.

- *Health Oversight*: Federal law allows us to release your PHI to appropriate health oversight agencies for audits, disciplinary action or community health care systems.

- *Judicial/Administrative Proceedings*: We may disclose your PHI in the course of any judicial or administrative proceeding as allowed or required by

law, with your authorization, or as directed by court order.

- **Serious Threat:** State and federal laws require that we share PHI even without your authorization if you present a serious threat to yourself or others, such as suicide, homicide or grave disability.
- **Coroner Medical Examiner-:** We may release PHI information to a coroner or medical examiner for purpose of identifying you or determining cause death, or to a funeral director as permitted by law and as necessary to carry out its duties.
- **For Specialized Governmental Functions:** We may disclose your PHI for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.
- **Research-Disclosure** of PHI to researchers when an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of PHI.
- **Organ, Eye or Tissue Donation-If ou area donor PHI may be disclosed to entity you donated organs to**
- **Disaster Relief-Disclosure of PHI to public or private entity authorized to assist with disaster efforts.**
- **Marketing-Face to face communication with patients don't require authorization all others do.**
- **Required by Law-If otherwise required by law, but such use or disclosure will be made in compliance and in limited to requirements of law.**

Uses and/or disclosures, other than those described above, will be made only with your written Authorization, which you may revoke at any time.

We the providers listed below have created a OHCA (Organized Health Care Arrangement) for HIPPA purposes only. This means that we are a organized system of health care in which more than one covered entity participates, and in which the participating covered entities hold themselves out to the public as a joint arrangement and participates in joint activities, such as shared notice and authorizations, joint contracting etc.

**Jeffrey B. Huff, Psy.D., M.D.**  
*Licensed Psychiatrist #33731*

**Russell A. Johnson, M.D.**  
*Licensed Psychiatrist #32618*

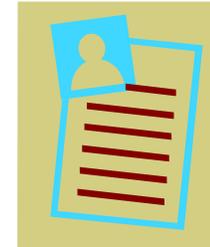
**Barry R. Lindstrom, Ph.D.**  
*Licensed Clinical Psychologist #1303*

**Bonnie S. Lindstrom, MS ,LPC**  
*Licensed Professional Counselor  
#5671*

**Antoinette "Toni" Pasquale, LPC,  
BCPC**  
*Board Certified Professional  
Counselor #1238*

**Mary "Cathy" Frantz, RN, MS, CS,  
CACIII**  
*Licensed Clinical Nurse Specialist #  
78098*

## **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**



Effective Date: April 14, 2003

PATHWAYS  
8217 W 20<sup>th</sup> Street  
Greeley, CO 80634

(970) 356-3100

(970) 353-2000