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NOTICE OF PRIVACY PRACTICES

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

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Your PHI is any information that identifies you or could reasonably be used to identify you and that relates to your physical or mental health, health care provided to you, and payment for your health care.

MY RESPONSIBILITY TO PROTECT YOUR PHI

- I am required by law to maintain the privacy and security of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I am required to follow the duties and privacy practices set forth in this Notice.
- I reserve the right to change the privacy policies and practices described in this notice. If I revise this Notice, I will offer you an updated copy at our next meeting and it will be available on my website. The changes will apply to all information I have about you.
- I am 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, governing testing for and reporting of TB, HIV AIDS, Hepatitis, and other infectious diseases, and maintaining the confidentiality of PHI.
- I am required to notify you if a breach occurs that may have compromised the privacy or security of your information.

HOW I MAY USE AND DISCLOSE YOUR PHI

A use of PHI occurs within a covered entity (i.e., discussion among staff regarding treatment). A disclosure of PHI occurs when I reveal PHI to an outside party (i.e., providing another treatment provider with PHI or sharing PHI with a third party pursuant to your authorization). HIPAA and Federal law regulate the disclosure of PHI by electronic transmissions. I may use within my practice and disclose to third parties your PHI for the following purposes:

- *Treatment* is when I provide, coordinate, or manage your health care and other services related to your health care. An example is consulting with another health care provider and sending appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.
- *Payment* is when I disclose and/or use your PHI so that I can receive payment for the treatment services provided to you, such as when I disclose PHI to determine your insurance coverage and to bill your insurance company.
- *Health care operations* are activities that relate to the operation and support of my practice. Examples are quality assessment, administrative work, licensing, audits, and other business activities.
- I will obtain an authorization from you before using or disclosing PHI in any way not described in this notice. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have 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.

YOUR RIGHTS REGARDING YOUR PHI

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information regarding you. However, I am not required to agree to a restriction you request. You have the right to have any complaints about my policies documented in your record.
- *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 me. On your request, I will send correspondence to another address.) I will say “yes” to all reasonable requests. 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. If you choose not to “opt-in” to receive electronic communications, I will not communicate with you via electronic means. Please review the Consent form.
- *Right to Inspect and Copy* – You have the right to inspect and/or obtain a paper or electronic copy of your PHI in my records for as long as the PHI is maintained in the record. I may deny you access to PHI under certain circumstances, but in some cases you may have this decision reviewed. If I deny your request, in whole or in part, I will tell you why I denied your request in writing and whether you have the option of having the decision reviewed by an independent third-party. Upon your request, I will discuss with you the details of the request and denial process. I will provide a copy or a summary of your health information, usually within 30 days of your request and I may charge a reasonable, cost-based fee to fulfill your request.
- *Right to Amend* – You have the right to request an amendment or correction of PHI that you think is incorrect or incomplete for as long as it is maintained in the record. I may deny your request. Upon your request, we will discuss the details of the amendment process. If I deny your request, I will let you know why in writing within 60 days.
- *Right to an Accounting* – You have the right to receive an accounting of disclosures of PHI for six (6) years prior to the date of the request. On your request, I will discuss with you the details of the accounting process. I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you authorized me to make). I will provide one accounting per year for free, but may charge a reasonable, cost-based fee if you ask for another one within 12 months.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.
- *Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket*. You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services. I will say “yes” unless a law requires me to share that information.
- *Right to File a Complaint*: If you feel your rights have been violated, you can contact me or 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/. I 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.

- *Right to 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. I will make sure the person has this authority and can act for you before we take any action.

DISCLOSURES NOT REQUIRING YOUR AUTHORIZATION

I may make disclosure without your consent or authorization when allowed under other sections of Section 164.512 of the Privacy Rule and Colorado's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence. The disclosures listed below are the most common.

- *Child Abuse* – If I have reasonable cause to know or suspect that a child has been subjected to abuse or neglect, I am required by law to report this within 24 hours to the appropriate authorities.
- *Abuse or Exploitation of an At-Risk Elder* – If I have reasonable cause to believe that an at-risk adult has been mistreated, self-neglected, or financially exploited or is at imminent risk of mistreatment, self-neglect, or financial exploitation, then I may report this belief to the appropriate authorities.
- *Health Oversight Activities* – If the Colorado State Board of Psychologist Examiners or an authorized professional review committee is reviewing my services, I may disclose PHI to that board or committee.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and I will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated or 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 you communicate to me a serious threat of imminent physical violence against a specific person or persons, location or entity, I have a duty to notify any person or persons, location or entity, specifically threatened, as well as a duty to notify an appropriate law enforcement agency or by taking other appropriate action. If I believe that you are at imminent risk of inflicting serious harm on yourself, I may disclose information necessary to protect you. In either case, I may disclose information in order to initiate hospitalization.
- *Respond to organ and tissue donation requests:* I can share health information about you with organ procurement organizations.
- *Medical Emergency:* disclosure is made to medical personnel in a medical emergency.
- *Worker's Compensation* – I may disclose PHI 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 provided benefits for work-related injuries or illness without regard to fault.
- I have the right to release records in order to protect myself if you file a complaint or lawsuit against me.

- In compliance with other state and/or federal laws, rules, or regulations, or to comply with law enforcement or other government requests.

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, I will consult to ensure compliance with the Privacy Rule. I am the privacy officer for my practice. Violation of these federal and state guidelines is a crime carrying both criminal and monetary penalties. Suspected violations may be reported to appropriate authorities, as listed above in the “Client Rights” section, in accordance with federal and state regulations. Know that I 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: I will obtain a special authorization before releasing your Psychotherapy Notes and test results. "Psychotherapy Notes" may include but are not limited to notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate 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.”

HIV Information: Special legal protections apply to HIV/AIDS related information. I 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. I will obtain a special written authorization from you before releasing information related to alcohol and/or drug use/treatment.

I am required to implement and use safeguards to protect your PHI. These may include, but are not limited to:

- Any PHI received by an employee, intern, or volunteer of mine, about a client or potential client, may not be used or disclosed for non-work purposes or with unauthorized individuals. I may only use and disclose such PHI as described above.
- 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.
- Seeking legal counsel in uncertain situations and/or incidences.
- Obtaining a Business Associates Agreement with those third-parties that have access to and/or store client information.
- Implementing FAX security measures
- Obtaining your consent prior to sending any PHI by non-secure electronic transmissions
- Provide the client with information on my electronic record-keeping procedures and policies.

YOUR CHOICES

For certain health information, you can tell me (verbal authorization) your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions. I may request you sign a separate document if you authorize me 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 me 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 me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest and for your care/treatment. I may also share your information when needed to lessen a serious and imminent threat to public health or safety.*

In these cases I will never share your information unless you give me written permission:

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

QUESTIONS AND COMPLAINTS

You may contact me, Dr. Amy R. Indermuehle by phone or in writing if:

- you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights; or
- you believe that your privacy rights have been violated and wish to file a complaint with me

This notice will go into effect on *September 23, 2013*. This notice was updated May, 2015.

Amy R. Indermuehle, PsyD

Your signature below indicates that you have received the Notice of Privacy Practices and that you agree to its terms.

Signature

Date

For more information see:

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