

NOTICE OF PRIVACY PRACTICES
OF
Ellen Berk, LCSW, BCD, Director, Interactions Counseling P.C.
(Please sign and return page 5)

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.

Effective Date: _____

If you have any questions or requests, please contact **Ellen Berk at: 303.796.7908**

We are required by law to maintain the privacy of health information about you and that can be identified with you. This is called “protected health information,” or “PHI.” We must give you notice of our legal duties and privacy practices with respect to PHI

- PHI is information that (a) we have created or received about your past, present, or future physical or mental health or condition, the health care we provide to you, or the past, present or future payment for your health care; and (b) identifies you or could be reasonably used to identify you.

This Notice describes the types of uses and disclosures that we may make and gives you some examples. We may only use and/or disclose PHI as we have described in this Notice. In addition, we may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this Notice.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain. If we revise this Notice, we will:

- Post the revised Notice in our office;
- Make copies of the revised Notice available upon request (either at our offices or through the contact person listed in this Notice); and
- Post the revised Notice on our website.

WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES.

1. We may use and disclose PHI about you to provide treatment to you.

We may use and disclose PHI about you in the course of providing treatment to you. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. We may use and disclose PHI about you when consulting with another health care provider or if we refer you to another health care provider.

EXAMPLE: We may share medical information about you with another health care provider who is involved in your care. For example, if you were referred to us by a physician, we may consult with that physician about your treatment and the results of treatment. If a physician prescribed medication for you, or you develop a medical condition of which the physician should be aware, we may share medical information about you with your physician if we believe there is.

2. We may use and disclose PHI about you to obtain payment for services.

We rely upon a billing service or billing staff to send statements for our services. We may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. We may have to provide certain information to ask for coverage under your plan or policy or to seek approval for payment before we provide services to you. We may also share portions of your medical information with the following:

- Billing services and billing personnel;
- Collection services;
- Insurance companies, health plans, and third party payors which provide you coverage.

EXAMPLE: Suppose your health plan requires that we notify them when a certain number of visits has occurred before it will authorize more visits for therapy. We may have to provide certain information to your health plan so we can be paid or you can be reimbursed.

3. We may use and disclose your PHI for health care operations.

We may use and disclose PHI in performing internal activities of this practice, which enable us to operate as a practice. This is called “health care operations”. Examples of the way we may use or disclose PHI about you for “health care operations” include the following:

- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients. For example, we may use PHI about you to develop ways to assist our health care providers and staff in deciding what medical treatment should be provided to others.
- Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of the care we and others provide.
- Assisting various people who review our activities. For example, PHI may be seen by accountants, lawyers, and others who assist us in complying with applicable laws.
- Planning for our practice’s future operations.
- Conducting business management and general administrative activities for our practice.
- Reviewing activities and using or disclosing PHI in the event that we sell our business, property or give control of our business or property to someone else.
- Complying with this Notice and with applicable laws.

4. We may use and disclose PHI under other circumstances without your authorization.

We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include, but are not limited to:

- When the use and/or disclosure is required by law. For example, if federal, state or local law requires that we disclose information.

- When the use and/or disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the disclosure relates to victims of abuse, neglect or domestic violence.
- When the use and/or disclosure is for health oversight activities. For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.
- When the disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- When the disclosure is for law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of injuries or events.
- When the use and/or disclosure relates to decedents. For example, we may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die.
- When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and eminent threat to the health or safety of a person or the public.
- When the use and/or disclosure relates to specialized government functions. For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

5. We may contact you to provide appointment reminders.

We may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care.

6. We may contact you with information about treatment, services, products or health care providers.

We may use and/or disclose PHI to manage or coordinate your care. This may include telling you about treatments, services, products and/or other healthcare providers.

7. Except as described above, or as permitted by law, other uses and disclosures of PHI about you will be made only with your written authorization. If you sign a written authorization, you may revoke the authorization as provided by law. However, that revocation may not be effective if we have already relied upon your authorization.

8. Psychotherapy Notes.

We maintain psychotherapy notes separately from the remainder of our records. Use or disclosure of these notes will occur only under these circumstances: (a) you specifically authorize their use or disclosure in a separate written authorization; or (b) the therapist who wrote the notes uses them for your treatment; we may use them for our own training programs in which students, trainees, or practitioners in mental health learn under

supervision to practice or improve their skills in group, joint, family, or individual counseling; if you bring a legal action and we have to defend ourselves; and certain limited circumstances defined by the law.

9. Complaints.

You may complain to the practice if you believe that your privacy rights have been violated. If you wish to do so, contact the Privacy Officer below:

Ellen Berk, LCSW, BCD
Interactions Counseling P. C.
7700 E. Arapahoe Rd., Ste. 260
Centennial , CO 80112-1268

You may also complain to the Secretary of the United States Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

YOU HAVE SEVERAL RIGHTS REGARDING PHI ABOUT YOU.

1. **You have the right to request restrictions on uses and disclosures of PHI about you.**
2. **You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection 4 of the previous section of this Notice. You may request a restriction by contacting the Privacy Officer at 303.796.7908.**
3. **You have the right to request that we communicate protected health information to you by alternative means or at alternative locations.**

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by talking to me in person.

4. **You have the right to see and copy PHI about you.**

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of PHI by asking me for it.

5. **You have the right to request amendment of PHI about you.**

You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the

information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment. You may request an amendment of your PHI by discussing what changes you want with me.

6. You have the right to a listing of disclosures we have made.

If you ask our contact person in writing, you have the right to receive a written list of certain of our disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For our health care operations
- Made to or requested by you, or that you authorized
- Occurring as a byproduct of permitted uses and disclosures
- Made to individuals involved in your care, for directory or notification purposes, or for other purposes described above
- Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations and
- As part of a limited set of information which does not contain certain information which would identify you

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by discussing this with me.

7. You have the right to a copy of this Notice.

You have the right to request a paper copy of this Notice at any time. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible).

This Notice of Privacy Practices is effective on _____ . I have read and understand my rights and my clinician's rights regarding the disclosure of my health information.

Signed: _____

Print name: _____

Ellen Berk, LCSW, BCD Interactions Counseling P. C.

Phone: 303.796.7908 Fax: 303.796.7115 Email: ellen.berk@earthlink.net