



## Notice of Privacy Practice: HIPPA

**This notice describes how health information about you may be used and disclosed, and how you can get access to this information.**

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996-(HIPAA) Health Information Technology for Economic and Clinical Health Act (HITECH Act), and associated regulations and amendments

### ABOUT THIS NOTICE

I understand that health information about you is personal and I am committed to protecting your information. I create a record of the care and services you receive. I need this record to provide care (treatment), for payment of care provided, for health care operations, and to comply with certain legal requirements. This Notice will tell you about the ways in which I may use and disclose health information about you. It also describes your rights and certain obligations I have regarding the use and disclosure of health information. I am required by law to follow the terms of this Notice that is currently in effect.

### WHAT IS PROTECTED HEALTH INFORMATION ("PHI")

**PHI is information that individually identifies you. We create a record or get from you or from another health care provider, health plan, your employer, or a healthcare clearinghouse that relates to:**

- Your past, present, or future physical or mental health or conditions,
- The provision of health care to you, or
- The past, present, or future payment for your health care.

### HOW WE MAY USE AND DISCLOSE YOUR PHI

I may use and disclose your PHI in the following circumstances:

- **Treatment.** I may use or disclose your PHI to give you medical treatment or services and to manage and coordinate your medical care. For example, your PHI may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.
- **Payment.** I may use and disclose your PHI so that we can bill for the treatment and services you receive from me and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, I may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.
- **Health Care Operations.** I may use and disclose PHI for our health care operations. For example, I may use your PHI to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. I may also disclose information to physicians,



nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.

- **Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services.** I may use and disclose PHI to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.
- **Minors.** I may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- **Research.** I may use and disclose your PHI for research purposes, but I will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, I may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. I may disclose PHI to be used in collaborative research initiatives amongst other medical providers. I may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, I will only disclose the limited data set if I enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.
- **As Required by Law.** I will disclose PHI about you when required to do so by international, federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** I may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But I will only disclose the information to someone who may be able to help prevent the threat.
- **Business Associates.** I may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, I may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.
- **Organ and Tissue Donation.** If you are an organ or tissue donor, I may use or disclose your PHI to organizations that handle organ procurement or transplantation – such as an organ donation bank – as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, I may disclose PHI as required by military command authorities. I may also disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation.** I may use or disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.



- **Public Health Risks.** I may disclose PHI for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration (“FDA”) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Abuse, Neglect, or Domestic Violence.** I may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or I am required or authorized by law to make that disclosure.
- **Health Oversight Activities.** I may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes.** I may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, I may disclose PHI in response to a court or administrative order. I may also disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. I may also use or disclose your PHI to defend ourselves in the event of a lawsuit.
- **Law Enforcement.** I may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.
- **Military Activity and National Security.** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, I may disclose your PHI to authorized officials so they may carry out their legal duties under the law.
- **Coroners, Medical Examiners, and Funeral Directors.** I may disclose PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, I may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.
- **Uses and Disclosures That Require Me to Give You an Opportunity to Object and Opt Out**
- **Individuals Involved in Your Care.** Unless you object in writing, I may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, I may



disclose such information as necessary if I determine that it is in your best interest based on our professional judgment.

- **Payment for Your Care.** Unless you object in writing, you can exercise your rights under HIPAA that your healthcare provider not disclose information about services received when you pay in full out of pocket for the service and refuse to file a claim with your health plan.
- **Disaster Relief.** I may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. I will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.
- **Fundraising Activities.** I may use or disclose your PHI, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications.

### Your Written Authorization if Required for Other Uses and Disclosures

The following uses and disclosures of your PHI will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of PHI for marketing purposes; and
- Disclosures that constitute a sale of your PHI.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to me will be made only with your written authorization. If you do give me an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. But disclosure that I made in reliance on your authorization before you revoked it will not be affected by the revocation.

### Your Rights Regarding Your PHI

You have the following rights, subject to certain limitations, regarding your PHI:

- **Inspect and Copy.** You have the right to inspect, receive, and copy PHI that may be used to make decisions about your care or payment for your care. I have up to **30 days** to make your PHI available to you and I may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. You can only direct me in writing to submit your PHI to a third party not covered in this notice. I may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. I may deny your request in certain limited circumstances. If I do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and I will comply with the outcome of the review.
- **Summary or Explanation.** I can also provide you with a summary of your PHI, rather than the entire record, or I can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
- **Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. If the PHI



is not readily producible in the form or format you request your record will be provided in a readable hard copy form.

- **Receive Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured PHI.
- **Request Amendments.** If you feel that the PHI I have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to me the owner, to the address provided, and it must tell me the reason for your request. In certain cases, I may deny your request for an amendment. If I deny your request for an amendment, you have the right to file a statement of disagreement with me and I may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **Accounting of Disclosures.** You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures I made of your PHI. To request this list or accounting of disclosures, you must submit your request in writing to me the owner. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, I may charge you for the reasonable costs of providing the list. I will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.
- **Request Restrictions.** You have the right to request a restriction or limitation on the PHI I use or disclose about you for treatment, payment, or health care operations. I am not required by federal regulation to agree to your request. If I do agree with your request, I will comply unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to me, the owner. Your request must state the specific restriction requested, whether you want to limit our use and/or disclosure; and to whom you want the restriction to apply.
- **Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that I contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you.
- **Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You must submit the request in writing to me, the owner.

**Changes to This Notice** I reserve the right to change this Notice. I reserve the right to make the changed Notice effective for PHI I already have as well as for any PHI I create or receive in the future. A copy of our current Notice is posted in our office and on our website.

**Complaints** If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Humans Services, 200 Independence Ave., S.W., Washington, D.C. 20201. Call (202) 619-0257 (or toll free (877) 696-6775 or go to the website of the Office for Civil Rights, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/), for more information. **You will not be penalized for filing a complaint.**

*Notice Effective 9/01/2017*



Tru Wellness Colorado LLC.  
**ACKNOWLEDGEMENT OF RECEIPT OF  
PATIENT NOTICE OF PRIVACY PRACTICES**

I acknowledge that I read and/or received a copy of the Patient Notice of Privacy Practices

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(or Guardian, if applicable)

This office may use or disclose your Protected Health Information when required by law.

**Upon written request, you have the right to access, review or receive copies of your healthcare records. Upon written request, you have the right to receive a list of items this office disclosed about your healthcare information. Upon written request, you have the right to request that this office place additional restrictions on disclosure of your Protected Health Information. Upon written request, you have the right to request that we amend your Protected Health Information. You have a right to receive all notices in writing.**