



## NOTICE OF PRIVACY POLICIES AND PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.** This is one of those forms that has a lot of legally required language. We've tried to provide a simple translation.

### Lawyer-ese

*A Vital Life/A Good Night's Sleep LLC (psychotherapy services) and Valerie Stone, PhD, referred to below as "we/us" and VES/AVL/AGNS, believe they may be covered entities under the Health Insurance Portability and Accountability Act (HIPAA) and thus provide clients with this Notice of Privacy Policies & Practices and complies with the procedures and protocols listed herein. If VES/AVL/AGNS is determined not to be a covered entity under HIPAA, it will still follow this Notice of Privacy Policies & Practices regarding use and disclosure of PHI; however, the client may not be entitled to the rights set forth in the "Your Rights as a Client" section.*

*Given the nature of VES/AVL/AGNS's work, it is imperative that it maintains the confidence of client information that it receives in the course of its work. VES/AVL/AGNS is a mental health practice that provides mental health services. VES/AVL/AGNS's practice works solely to provide the best counseling treatment options to its clients. VES/AVL/AGNS is prohibited from releasing any client information to anyone outside immediate staff, employees, interns, and/or volunteers except in limited circumstances in accordance with this Notice of Privacy Policies and Practices. Discussions or disclosures of protected health information ("PHI") within the practice are limited to the minimum necessary that is needed for the recipient of the information to perform his/her job. Please review this Notice of Privacy Policies and Practices ("Notice of Privacy Policies"). It is VES/AVL/AGNS's policy to:*

- *fully comply with the requirements of the HIPAA General Administrative Requirements, the Privacy and Security Rules;*
- *provide every client who receives services with a copy of this Notice of Privacy Policies;*
- *ask the client to acknowledge receipt when given a copy of this Notice of Privacy Policies;*
- *ensure the confidentiality of all client records transmitted by facsimile;*
- *obtain from each client an informed Authorization for Release of Protected Health Information form when required.*

### (Hopefully) Plain English

A Vital Life/A Good Night's Sleep LLC (psychotherapy services) and Valerie Stone, PhD (VES/AVL/AGNS), referred to below as "we/us", believe that the law called the Health Insurance Portability and Accountability Act (HIPAA) applies to us. Whether or not it does, we'll follow the practices in this document. We are required to give you a copy of these privacy policies and practices.

Your client record is called "protected health information" or PHI.

Since we do psychotherapy and psychological assessment, it is vital that we maintain the confidentiality of your PHI.

We are not allowed to provide access to your PHI to anyone who is not Dr. Stone, her Mental Health Designee (see Mandatory Disclosure & Consent form), her staff, contractors, employees, or interns.

Anything VES/AVL/AGNS would discuss about your PHI would be limited to the minimum necessary to run the business and serve your best interests.

Here are our policies:

- We will comply with the HIPAA law/regulations.
- We will give you a copy of this Notice.
- We'll ask you to sign the final page to say you got a copy of this notice.
  - If we transmit any of your records by fax, we'll make sure those records are sent confidentially.
  - When required to talk about or release your PHI to any other provider, we'll have you fill out a release authorization form.

## **Lawyer-ese**

*VES/AVL/AGNS is 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.*

*PHI refers to any information that VES/AVL/AGNS creates or receives, and relates to an individual's past, present, or future physical or mental health or conditions and related care services or the past, present, or future payment for the provision of health care to an individual; and identifies the individual or there is a reasonable basis to believe the information can be used to identify the individual. PHI includes any such information described above that we transmit or maintain in any form, this includes Psychotherapy Progress Notes. HIPAA and federal law regulate the use and disclosure of PHI when transmitted electronically.*

## **YOUR RIGHTS AS A CLIENT:**

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

### ***Get an electronic or paper copy of your mental health record***

- *You can ask to see or get an electronic or paper copy of your mental health record and other health information we have about you. Ask us how to do this.*
- *We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee to fulfill your request.*
- *If we deny your request, in whole or in part, we will let you know why in writing and whether you have the option of having the option of having the decision reviewed by an independent third-party.*

### ***Ask us to correct your mental health record***

- *You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how.*
- *We may say “no” to your request, but we’ll tell you why in writing within 60 days.*

### ***Request confidential communications***

- *You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.*
- *We will say “yes” to all reasonable requests.*

## **(Hopefully) Plain English**

← Over here are the federal laws and sections of them that we are required to follow.

“Protected health information” or PHI means any information you give us or another of your providers about your health or mental health, connected to enough information to identify you as an individual (e.g., your name, your address, your name connected to your birthdate, etc.) It includes notes we are required to keep on how we’re doing on your treatment goals, called “progress notes.”

Even when we transmit information electronically, these laws about confidentiality apply. (That is why we do not use email unless there is no other option.)

## **YOUR RIGHTS AS A CLIENT:**

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

### ***Get an electronic or paper copy of your mental health record***

- You can ask to see or get a copy of your mental health record. Ask us how to do this.
- We will provide a copy, usually within 30 days of when you ask. We may charge a reasonable, fee to do so that has to be related to the cost of providing it (e.g. the 2.5 cents a page required to copy it, or reimbursing time required).
- If we say that you cannot get a copy of your whole record, we have to tell you, in writing, why and whether you can have the decision reviewed by a 3<sup>rd</sup> party.

### ***Ask us to correct your mental health record***

- If you think what we have in your record is not correct or complete, you can ask us to change it. Ask us how.
- We have the right to say no, but if we do, we will tell you why within 60 days, in writing.

### ***Request confidential communications***

- You can ask us to contact you in certain ways.
- We will say “yes” to reasonable requests (see Social Media Policy for what we won’t do).

## **Lawyer-ese**

### ***Your rights, continued***

- Please review the form, *Consent for Communication of PHI via Unsecure or Potentially Unsecure Transmissions*
- You are required to “opt-in” to receive communications electronically as set-forth in the *Consent for Communication of Protected Health Information by Non-Secure Transmissions*. If you choose not to “opt-in” to receive electronic communications, we will not communicate with you via electronic means. This may limit the services we can provide.

### ***Ask us to limit what we use or share***

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer as allowed by law. We will say “yes” unless a law requires us to share that information.

### ***Additional Restrictions***

*You have the right to request additional restrictions on the use or disclosure of your mental health information. However, we do not have to agree to that request, and there are certain limits to any restriction. Ask us if you would like to make a request for any restriction(s).*

### ***Get a list of those with whom we’ve shared information***

- You can ask for a list (accounting) of the times we’ve shared your PHI for six years prior to the date when you ask, whom we shared it with, and why.
- We will include all the disclosures except for those listed on pp. 4-5 under *Uses & Disclosures of PHI*, and certain other disclosures.
- We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### ***Get a copy of this privacy notice***

*You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.*

## **(Hopefully) Plain English**

### **Your rights, continued**

- See the form *Consent for Communication of PHI via Unsecure or Potentially Unsecure Transmissions* for details.
- That form asks you to explicitly check whether it’s OK to contact you that way. If you haven’t checked something, we may not communicate with you that way, and that may affect what services we can provide (e.g., if you say no to phone or videoconferencing, it may be difficult to do therapy during a pandemic).

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain information.
- If we believe we cannot provide quality care if we say yes to that request, then we can say no.
- If you pay for a service in full, out of your own pocket, you can ask us not to share that information with your health insurer. We can say yes to that request unless a federal or Colorado law says we can’t.

### **Additional restrictions on using your PHI**

You can ask for any other restrictions you want on how we use or disclose information about your mental health. We don’t have to say yes, and there are certain legal restrictions on what we can do. Ask us if you want any restriction(s).

### **Get a list of those with whom we’ve shared information**

- You can ask for a list of when, with whom, and why we shared your PHI for the six years before the date you ask.
- We will include in that list substantial disclosures, but not every disclosure, e.g., not every payment processed through the encrypted payment app we use. See pp. 4-5, “Uses & Disclosures of PHI” for exceptions.
- We can give you this list once a year for free. If you need it more often than once a year, we can charge reasonable fees (e.g. the 2.5 cents a page required to copy it, or reimbursing time required).

### **Get a copy of this privacy notice**

We will make this privacy notice available to you electronically at [drvstone.com](http://drvstone.com), and any time you want a paper copy, we’ll give you one promptly.

## **Lawyer-ese**

### ***Your rights, continued***

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

#### ***File a complaint if you feel your rights are violated***

- You can complain if you feel we have violated your rights, by contacting us using the contact information on page 1.

You can 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

- We 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](mailto: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.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

A use of PHI occurs within a covered entity (i.e., discussions among staff regarding treatment). A disclosure of PHI occurs when VES/AVL/AGNS reveals PHI to an outside party (i.e., VES/AVL/AGNS provides another treatment provider with PHI, or shares PHI with a third party pursuant to a client's valid written authorization). VES/AVL/AGNS may use and disclose PHI, without an individual's written authorization, for the following purposes: (also see disclosure, policies, and consent form Section C)

- **Treatment:** disclosing and using your PHI by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members and for coverage

*arrangements during your therapist's absence, and for sending appointment reminders or information*  
**(Hopefully) Plain English**

### **Your rights, continued**

#### **Choose someone to act for you.**

- If you have someone who is your legal guardian or has power of attorney, that person can make choices about your rights and your PHI for you.
- However, before we act on their requests, we will make sure they really do have the right.

#### **File a complaint if you feel your rights are violated**

- If you think we've violated your rights, please contact us and let us know, using contact info on p. 1.
- You can also complain to the federal government, the Dept. of Health and Human Services. The relevant office, address, phone, and website ← are over here to the left.

- We won't do anything to get back at you if you file a complaint – we want to make the situation right.

- You can also complain to the state government, the Department of Regulatory Agencies. Their office, address, phone, and ← website are over here to the left.

The state office will probably tell you also to file a complaint with the federal government.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

What's the difference between using vs. disclosing PHI? Using PHI means that we would discuss it within AVL/AGNS (e.g., staff discussing treatment). Disclosing PHI means we reveal PHI to someone outside AVL/AGNS, such as your doctor or someone else you've given us written authorization to.

There are certain circumstances where we can use and disclose your PHI without written authorization (see Mandatory Disclosure Statement & Consent form, section C). These are:

- **Treatment:** Staff at AVL/AGNS may discuss your PHI to provide you with the best care. This might include a mental health trainee talking to a supervisor, or a group and individual therapist talking to each other. It also might include, if your therapist is going

to be absent for a period of time, arrangements for someone else to cover for your therapist. We also

### **Lawyer-ese**

#### ***Uses and Disclosures of PHI, continued***

*about treatment alternatives or other health-related benefits and services that may be of interest to you.*

- **Payment:** *disclosing and using your PHI so that VES/AVL/AGNS can receive payment for the treatment services provided to you, such as: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization of review activities.*
- **Health Care Operations:** *disclosing and using your PHI to support VES/AVL/AGNS's business operations which may include but not be limited to: quality assessment activities, licensing, audits, and other business activities.*

*Uses and disclosures for payment and health care operations purposes are subject to the minimum necessary requirement. This means that VES/AVL/AGNS may only use or disclose the minimum amount of PHI necessary for the purpose of the use or disclosure (i.e., for billing purposes VES/AVL/AGNS would not need to disclose a client's entire medical record in order to receive reimbursement. VES/AVL/AGNS would likely only need to include a service code and/or diagnosis etc.). Uses and disclosures for treatment purposes are not subject to the minimum necessary requirement.*

*VES/AVL/AGNS is required to promptly notify you of any breach that may have occurred and/or that may have compromised the privacy or security of your PHI, and any other business providing technological services to VES/AVL/AGNS is similarly required to promptly notify VES/AVL/AGNS.*

*Confidentiality of client records and substance abuse client records maintained are protected by federal law and regulations. It is VES/AVL/AGNS's policy that a client must complete an Authorization for Release of Protected Health Information we provide prior to disclosing health information to another individual and/or entity for any purpose, except for treatment, payment, or health care operations in accordance with this Notice of Privacy Policies.*

*Absent the above referenced form, other than for treatment, payment, or health care operations purposes, VES/AVL/AGNS is prohibited from disclosing or using any PHI outside of or within the*

*organization, including disclosing that the client is in treatment without written authorization, unless one of the following exceptions arises:*

### **(Hopefully) Plain English**

#### **Uses and Disclosures of PHI, continued**

might do so to send appointment reminders, or to give you information about other treatment alternatives that we believe could benefit you.

- **Payment:** We may disclose some PHI so that we can get paid for the services we provide. This might include, for example, submitting your bills/invoices, checking with an insurance company about your benefits for mental health, processing claims, or giving an insurance company enough information to know that your treatment was "medically necessary."
- **Health Care Operations:** Sometimes VES/AVL/AGNS might get audited, or need review by a licensing board, or might want to do an internal review to make sure we're providing the best service. For these and related business activities, we might use/disclose PHI.

When we use or disclose your PHI for payment or health care operations, we are allowed to use or disclose only the minimum amount of information necessary to accomplish that purpose. For example, we might have to disclose your name, diagnosis, and the code for individual therapy to a health insurance company to get paid, but we would not have to disclose what is in your whole record. For your treatment, the minimum necessary requirement does not apply.

A "breach" is any time the privacy or security of your PHI has been compromised. We have to let you know right away if a breach happens. If we contract with another business (e.g., for technological services), we have a written agreement with them that they will promptly notify us if a breach happens (see the Business Associates section on the next page).

Federal law and regulations protect your client record including any records related to substance use. If you want us to disclose your PHI to someone else or another organization (except for the treatment, payment, or health care operations exceptions above), our policy is that you should sign our form, Authorization for Release of PHI before we would do that.

Without that form or a similar form from another provider, and outside of the treatment, payment, or health care operations exceptions above, we are not allowed to disclose your PHI, including the simple

fact that you are our client, unless one of these other exceptions applies:

### **Lawyer-ese**

#### ***Uses and Disclosures of PHI, exceptions, cont'd***

- *Responding to lawsuit and legal actions (Disclosure by a court order, in response to a complaint filed against VES/AVL/AGNS, etc. This does not include a request by you or another party for your records).*
- *Disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.*
- *Help with public health and safety issues (Client commits or threatens to commit a crime either at VES/AVL/AGNS's office or against any person who works for VES/AVL/AGNS; A minor or elderly client reports having been abused or there is reasonable suspicion that abuse has or will take place; Client is planning to harm another person, including but not limited to the harm of a child or at-risk elder; Client is imminently dangerous to self or others).*
- *Address workers' compensation, law enforcement, and other government requests.*
- *In compliance with other state and/or federal laws and regulations.*
- *Business Associates: VES/AVL/AGNS may enter into contracts with business associates to provide billing, legal, auditing, and practice management services that are outside entities. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks.*
- *Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them. VES/AVL/AGNS has copies of those Business Associate Agreements.*

*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, VES/AVL/AGNS's staff must consult its Privacy Officer (Valerie E. Stone, PhD, 720-414-0242/720-498-4658) to ensure compliance with the Privacy Rule. 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 VES/AVL/AGNS will never market or sell your personal information unless you ask us to.*

### **SPECIAL AUTHORIZATIONS**

*Certain categories of information have extra (Hopefully) Plain English*

#### **Uses and Disclosures of PHI, exceptions, cont'd**

- We have to respond to a lawsuit or legal action related to a complaint against us.
- We have to disclose something in an emergency to protect your or others' safety or we have to disclose your PHI to an oversight agency for certain activities including audits, investigations, inspections etc.
- We have to make a report relevant to public health or safety (e.g., you threaten us or our staff, you threaten yourself or another person, or other public health issues covered by law, or we have to do mandatory reporting of elder or child abuse/neglect).
- We have to follow certain government requests from worker's compensation or a court order.
- Any time we're required to disclose PHI by federal or state laws/regulations.
- Business Associates: We may have contracts with IT services, billing services, legal services, or other services that are separate from AVL/AGNS. If so, we may have to give them some PHI for them to do what we've hired them to do.
- Business Associates have to have an agreement with us to maintain the privacy of any PHI we release to them. We have copies of those agreements.

For the exceptions listed above, we have to follow state and federal laws and regulations that are listed ← over here to the left. We can only disclose the minimum PHI necessary to meet these legal requirements.

If we don't follow those requirements, it is a crime with both criminal and financial penalties. Valerie Stone, PhD 720-414-0242/720-498-4658 is now AVL/AGNS' Privacy Officer. She will consult with her malpractice insurance or attorney before disclosing PHI for one of these exceptions, unless it's an emergency, in which case she will consult as soon as is practicable.

If you think we have not disclosed appropriately, see the section above, Your Rights as a Client, for how to file a complaint. We never market or sell personal information, i.e., we're not like Google or Facebook.

## **SPECIAL AUTHORIZATIONS**

Some kinds of PHI have extra legal protections and so **Lawyer-ese**

### ***Special Authorizations, continued***

*protections by law, and thus require special written authorizations for disclosures.*

*Psychotherapy Process Notes: VES/AVL/AGNS may keep and maintain "Psychotherapy Process Notes", which may include but are not limited to notes VES/AVL/AGNS makes about your conversation during a private, group, joint, or family counseling session, which is kept separately 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." VES/AVL/AGNS does not release these, as a rule, and will obtain a special authorization before releasing your Psychotherapy Process Notes only if you so request.*

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

*You may revoke all such authorizations to release information (PHI, Psychotherapy Process Notes, HIV information, and/or Alcohol and Drug Use Information) at any time, provided each revocation is in writing, signed by you. You may not revoke an authorization to the extent that (1) VES/AVL/AGNS has 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.*

### **Our Obligations**

*As a covered entity under the Privacy and Security Rules, VES/AVL/AGNS is required to reasonably safeguard PHI from impermissible uses and disclosures. Safeguards may include, but are not limited to the following:*

- *Not leaving test results or records unattended where third parties without a need to know can view them.*
- *Any PHI received as an employee, intern, or volunteer about a client or potential client, may not be*

*used or disclosed for non-work purposes or with unauthorized individuals. VES/AVL/AGNS may only use and disclose such PHI as described above.*

## **(Hopefully) Plain English**

### ***Special Authorizations, continued***

you have to give special authorization for disclosure.

We might keep what are called "process notes" which include notes about conversations we have, observations about the process of how therapy is working, or conversations that take place during group or other joint therapy sessions. These are different from notes we are required to keep, called "progress notes" about your progress towards your therapy goals. Process notes get extra legal protection. Progress notes are part of your official "client record;" process notes are not, and are kept in separate files.

We would consider it poor practice to release process notes. Unless you asked us to release them and authorized it in writing, we simply would not do so.

HIV information: Any information related to HIV/AIDS has special legal protection. We will not release information related to HIV/AIDS unless you ask us to and authorize it specifically in writing.

Alcohol & Drug Use Information: Information related to alcohol and drug use treatment also has special legal protection. We will not release information related to alcohol and drug use treatment unless you ask us to and authorize it specifically in writing.

If you've authorized us to disclose PHI, process notes, or information related to HIV/AIDS or alcohol and drug use information, you can revoke that authorization any time you want by letting us know in writing and providing your signature. There are a couple of legal situations where you cannot revoke that authorization: (1) We have relied on that authorization already or (2) if an insurance company has made the authorization a condition of your being covered and the law allows the insurance company the right to contest the claim.

### **Our Obligations**

Since VES/AVL/AGNS is covered by HIPAA laws and regulations, we have to take reasonable safeguards to protect your PHI from unauthorized use and disclosure. Precautions we take (this is not an exhaustive list):

- We don't leave your information lying around where just anyone can see it. It's locked or password-protected unless we are actively using it.



- If any of our staff or trainees have access to your PHI, they can't use it for any purpose not related to our work or disclose anything without authorization as described above.

### **Lawyer-ese**

#### ***Our Obligations, continued***

- *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. Some of the functions of the practice may be provided by contracts with business associates. For example, some of the IT, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services.*
- *Implementing FAX security measures*
- *Obtaining your consent prior to sending any PHI by unsecure electronic transmissions*
- *Providing information on our electronic record-keeping.*

### **YOUR CHOICES:**

***For certain health information, you can tell VES/AVL/AGNS (verbal authorization) your choices about what it shares. If you have a clear preference for how VES/AVL/AGNS shares your information in the situations described below, tell us what you want us to do, and we will follow your instructions if we are legally allowed to. We may request you sign a separate document if you authorize us to share certain PHI. You may revoke that authorization at any time for future disclosure.***

*In these cases, you have both the right and choice to tell VES/AVL/AGNS to share information:*

- *with your family, close friends, or others involved in your care;*
- *in a disaster relief situation.*

*If you are unable to tell VES/AVL/AGNS your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest and for your care/treatment. We may also share your information when needed to lessen a serious and imminent threat to public health or safety.*

### **(Hopefully) Plain English**

#### **Our Obligations, continued**

- If we talk with you about your PHI, we will do that where unauthorized people can't overhear. (See also Teletherapy & Outdoor Therapy Consent form.)
- If we're not sure about the right thing to do in some situation involving privacy and confidentiality, we will seek legal advice and consultation.
- We have to get Business Associates Agreements with other organizations we contract with, e.g., certain IT services, billing, or legal services.
- We will use cover pages without your PHI on them when we send your PHI by fax, and we ask any person or organization who faxes us your PHI to do the same. (We currently do not use fax at all, but if we did, these are some of the measures we would take.)
- We will get your written consent before we send any PHI over unsecure electronic communication lines (see the appropriate form).
  - Any time you ask, we will tell you about our electronic record-keeping, how we use passwords and encryption to protect your data.

### **YOUR CHOICES:**

For some PHI, you can tell us what and how you want us to share it. We'll do so as long as the law allows.

We might ask you to sign a separate authorization form for some kinds of information. We can't un-disclose information we've already provided to someone that we were authorized to disclose, but you can always revoke an authorization for future disclosure.

You have the right and choice to tell us to share PHI:

- with your family, close friends, or others involved in your care;
- in a disaster relief situation.

If you cannot tell us what your preferences are (e.g., you're unconscious), we can share your PHI if we believe it is in your best interest and for your care and treatment. As mentioned above on p. 6, we may also share your information if there is a serious or immediate threat to public health or safety.



**Things we do not do with your information**

We do not market or sell your information. We do not release any psychotherapy notes without proper authorization.

**Temporary changes to HIPAA enforcement during the COVID-19 pandemic**

The U.S. Department of Health & Human Services (HHS) and Colorado's Department of Regulatory Agencies recognized that restrictions on personal contact during this pandemic have created unusual circumstances for mental health treatment. Although they usually require certain protections to be in place (e.g., not using unsecured modes of communication like email or Skype for confidential communications), they also recognize that not abandoning clients is more important. Thus, if no alternative is easily available, they have relaxed enforcement of certain privacy protections to allow the provision of teletherapy by less secure means. The laws and regulations have not changed. You can find information at:

<https://www.hhs.gov/about/news/2020/03/20/ocr-issues-guidance-on-telehealth-remote-communications-following-its-notification-of-enforcement-discretion.html> and <https://covid19.colorado.gov/telehealth-for-providers>.

HHS also insists that civil rights non-discrimination policies still apply; see

<https://www.hhs.gov/about/news/2020/03/28/ocr-issues-bulletin-on-civil-rights-laws-and-hipaa-flexibilities-that-apply-during-the-covid-19-emergency.html>.

VES/AVL/AGNS is trying to use the most secure means of communication possible during this time to protect your privacy.

**Changes to the Terms of this Notice**

VES/AVL/AGNS can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in VES/AVL/AGNS's office, and on our web site, drvstone.com.

This notice is effective July 2, 2020.

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Client Signature

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Date

**For more information see:** [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)