

Heather Tucker, LPC, PC Notice of Privacy Practices

This notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations required by law. It also describes your rights to access and control your protected health information.

“Protected health information” is information about you, including demographic information that may identify you and that relates to your past, present, or future physical or mental health or condition and related physical care services. Direct any questions regarding this Notice to our Privacy Contact, Heather Tucker.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has protected health information. We may also disclose protected health information to your counselor or psychiatrist who may be treating you when we have the necessary permission from you to do so.

Payment: Your protected health information will be used, as needed, to obtain payment for your mental health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays 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.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your counselor’s practice. These activities include, but are not limited to; quality assessment activities, employee review activities, licensing, marketing, and conducting or arranging for other business activities. For example, we may call you by name when in the waiting room when your provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of an appointment.

Other Involved in Your Healthcare: Unless you object, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other that is responsible for your care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, we shall try to obtain your consent as soon as reasonably practicable after delivery of treatment. If we have attempted to obtain your consent but are unable to, we may still use or disclose your protected health information to treat you.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object. We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required By Law: We may use or disclose your protected health information when required by law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury

or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefits programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose protected health information in response to a court ordered subpoena by a judge, or other lawful process.

Research: With your consent we may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Worker's Compensation: Your protected health information may be disclosed by us as authorized to comply with worker's compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your counselor created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

Your Health Information Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and to receive a copy of your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your counselor and the practice uses for making decisions about you. This consists of a patient ledger or insurance correspondence.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative action or proceeding, and health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact

if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any of your protected health information may not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction to apply. **Your provider is not required to agree to a restriction that you may request.** If your counselor believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your counselor does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you may wish to request with your provider. You may request a restriction from the front office.

You have the right to request to receive confidential communications from us by alternative means or an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You may have the right to have your provider amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have

the right to file a statement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notifications purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain expectations, restrictions, and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Complaints You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you for filing a complaint.

Heather Tucker, M.A., LPC
4297 Austin Bluffs Parkway
Suite 204
Colorado Springs, CO 80918
719-338-2324 (mobile)
206-309-0699 (fax)
heather@heathertuckerlpc.com

This notice was published and becomes effective on August 27 2015.