



Heather Leavesley
NOTICE OF PRIVACY PRACTICES

This Notice describes how medical (including mental health) information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

During the process of providing services to you, I will obtain, record, and use mental health and medical information about you that is protected health information. Ordinarily that information is confidential and will not be used or disclosed, except as described below:

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

- A. General Uses and Disclosures Not Requiring the Client's Consent. I may use and disclose PHI about you without your authorization in the following circumstances:
 - a. *Treatment.* Treatment refers to the provision, coordination, or management of health care and related services by one or more health care providers. For example, I may use your information to plan your course of treatment and to consult with another health care provider to ensure the most appropriate methods are being used to assist you.
 - b. *Payment.* Payment refers to the activities undertaken by a health care provider to obtain or provide reimbursement for the provision of health care. I may use and give your information to others to bill and collect payment for the treatment and services provided to you. For example, I may share portions of your information with billing services and billing personnel, collection services, insurance companies, health plans, and third party payers who provide you coverage. The information provided to insurers and other third party payers may include information that identifies you as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment.
 - c. *Contacting the Client.* I may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.
 - d. *Required by Law.* I will disclose protected health information when required by law. This includes, but is not limited to the following situations:
 - i. Reporting child abuse or neglect
 - ii. When the disclosure is for judicial and administrative proceedings, for example in response to an order of a court or administrative tribunal
 - iii. When there is a legal duty to warn or take action regarding imminent danger to others
 - iv. When the client is a danger to self or others or gravely disabled
 - v. When required to report certain communicable diseases and certain injuries
 - vi. When a Coroner is investigating the client's death
 - vii. To government regulatory and oversight agencies which are authorized by law to oversee my operations.
 - e. *Crimes on the premises or observed by myself.* Crimes that I observe, that are directed toward me, or occur on the premises where counseling occurs will be reported to law enforcement.
 - f. *Family Members.* Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed.
 - g. *Emergencies.* In life threatening emergencies, I will disclose information necessary to avoid serious harm or death.
- B. Client Authorization or Consent. I may not use or disclose protected health information in any other way without a signed Authorization or Release of Information. When you sign an Authorization or Release of Information, it may later be revoked, provided the revocation is in writing. The revocation will apply except to the extent that I have already relied on it.



- C. Psychotherapy Notes. I maintain psychotherapy notes separately from the remainder of my 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; (b) I use the notes for your treatment; (c) if you bring legal action and I have to defend myself; and (d) certain limited circumstances defined by law.

II YOUR RIGHTS AS A CLIENT

- A. Additional Restrictions. You have the right to request additional restrictions on the use or disclosure of your health information. I am not required to agree to your request, and there are certain limits to any restriction, which will be provided to you at the time of your request. To exercise this right, ask me for the appropriate request form.
- B. Terms of the Notice. I am required to abide by the terms of this Notice, or any amended Notice that may follow.
- C. Changes to the Notice. I reserve the right to change my privacy practices and the terms of this Notice at any time, and to make the new Notice provisions effective for all protected health information that I maintain. When changes are made, the revised Notice will be posted on my website and will be available upon request.
- D. Complaints Regarding Privacy Rights. If you are concerned that I may have violated your privacy rights, you may file a complaint using the contact information listed at the end of this Notice. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights. U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 515F, HHH Bldg., Washington, D.C. 20201. It is my policy that there will be no retaliation for your filing of such a complaint.
- E. Effective Date. This Notice is effective 10/09/07.
- F. Additional Information. If you want more information about my privacy practices or have questions, please contact me.
- G. Contact: Heather Leavesley
720-363-5538
heather@hlcounseling.com
LoDo Healing Center
1440 Blake St., #330
Denver, CO 80202