

## NOTICE OF PRIVACY PRACTICES

**Gary A Johnson Counseling, Inc., 1741 Stonehenge Drive, Lafayette, CO 80026**

This notice describes my policies related to the use and disclosure of your protected health information for the purposes of providing treatment services, collecting payment, and conducting healthcare operations. I am required by law to maintain the privacy of protected health information and must inform you of my privacy practices and legal duties. *My psychotherapy notes are not considered part of these health care records.* Please note that I only release information in accordance of state and federal laws and the ethics of the counseling profession. (I keep your health information secure and I will be diligent to protect your privacy and our professional privilege).

I may disclose information in your record in order to provide, manage, or coordinate your health care services with another health care professional, hospital, etc. For example, if you want an opinion about your care or a referral from another professional, I may disclose information to the professional to obtain that consultation.

I may use or disclose information from your record to obtain payment for services you receive. For example, I may submit your name and address to a secure credit card processing business such as Intuit Merchant Services. If we have made previous arrangements regarding a third party payment, I may submit the number of sessions and cost to an agreed upon third party, such as a church, family, etc.

I may use or disclose information from your record to allow "health care operations." These operations include activities such as reviewing records to see how care can be improved and complying with licensing activities. For example, I may use information in your record for training and consultation purposes with other mental health professionals. All efforts will be made to remove identifying data i.e. name, birthdate, etc. from such information.

I may also contact you to remind you of an appointment and to tell you about treatments or other services that may be of benefit to you.

### **Use or disclosure of your PHI that I am mandated by law to make without your consent**

Although communications between therapist and client are privileged and may not be disclosed without your permission, certain exceptions exist that are mandated by law. For example I must report to authorities suspected child abuse or neglect, or should you appear to pose an imminent danger to yourself or others.

Also, I must disclose information to the Department of Health and Human Services, if requested, to prove that I am complying with regulations that safeguard your health information.

I may use or disclose information from your record if I believe it is necessary to prevent or lessen a serious and imminent threat to the safety of a person or the public.

I may report suspected cases of abuse, neglect, or domestic violence involving adult or disabled victims.

I may assist in health oversight activities such as investigations into possible health care fraud. I may disclose information from your record as authorized by workers' compensation laws.

I may disclose information from your record if ordered to do so by a court, grand jury, or administrative tribunal. Under certain conditions I may disclose information in response to a subpoena or other legal process, even if this is not ordered by a court.

I may disclose information from your record to a law enforcement official if certain criteria are met. For example, if such information would help locate or identify a missing person, I am allowed to disclose it.

If you tell me that you have committed a violent crime that caused serious physical harm to the victim, I may disclose that information to law enforcement officials. However if you reveal that information in a psychotherapy session or in the course of treatment for this sort of behavior, I may not disclose the information to law enforcement officials.

I may use or disclose information from your record for research under certain conditions.

Under certain conditions I may disclose information for specialized government purposes such as the military, national security or intelligence, or protection of the President.

Crimes that are observed at my place of business that are directed toward anyone in or outside the building or occur on building premises will be reported to law enforcement.

This notice is effective as of March 15, 2010.

### **Your rights**

You may ask me to restrict the use and disclosure of certain information in your record that otherwise would be allowed for treatment, payment, or health care operations. However, I do not have to agree to these restrictions.

You have a right to request where I contact you. For example, if you want to receive invoices, phone calls, and other information at an alternative address or phone number, please notify me.

You have the right to release the information in your record and may obtain a copy of it or release it to another. This may be subject to certain limitations and fees. Your authorization must be made in writing.

If you believe information in your record is incomplete or inaccurate, you may request amendment of the information. You must submit sufficient information to support your request for amendment. Your request must be made in writing. I am not required to amend your record if I determine that the record is complete and accurate. You have the right to request an accounting of certain disclosures made by me. This request must be made in writing.

You have the right to complain to me about my privacy practices, including actions with respect to the privacy of your health information. You have the right to complain to the Secretary of the Department of Health and Human Services about my privacy practices. You will not face retaliation from me for making complaints.

Except as described in this Notice, I will not make any use or disclosure of information from your record unless you have given written authorization. You have the right to revoke an authorization in writing at any time, but this will not affect any use or disclosure made by me before the revocation. You have the right to obtain another copy of this notice upon request.

I acknowledge receipt of this Notice of Privacy Practices

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Signature

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Date