

NOTICE OF HIPAA PRIVACY RIGHTS

The Notice of Privacy Rights 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 this information carefully. During the process of providing services to you, the provider/psychotherapist 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.

USES AND DISCLOSURES OF PROTECTED INFORMATION

I. General Uses and Disclosures Not Requiring the Client's Consent.

A. The provider will use and disclose protected health information in the following ways:

1. **Treatment.** Treatment refers to the provision, coordination, or management of health care [including mental health care] and related services by one or more health care providers. For example, the provider will use your information to plan your course of treatment. As to other examples, the provider will consult with professional colleagues in this practice or ask professional colleagues to cover calls or the practice for the provider and will provide the information necessary to complete those tasks.
2. **Payment.** Payment refers to the activities undertaken by a health care provider [including a mental health provider] to obtain or provide reimbursement for the provision of health care. The provider will use your information to develop accounts receivable information, bill you, and with your consent, provide information to your insurance company or other third party payers for services provided. 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.
3. **Health Care Operations.** Health Care Operations refers to activities undertaken by the provider that are regular functions of management and administrative activities of the practice. For example, the provider may use or disclose your health information in the monitoring of service quality, staff evaluation, and obtaining legal services.
4. **Contacting the Client.** The provider may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you. The provider does not guarantee confidentiality if you are discussing issues via cell phone, cordless phone etc. and you must give consent for provider to leave a message on an answering machine. Confidentiality cannot be guaranteed if you choose to communicate with your therapist or the clinic via email.
5. **Required by Law.** The provider will disclose protected health information when required by law or necessary for health care oversight. This includes, but is not limited to: (a) reporting suspected child abuse or neglect; (b) when court ordered to release information; (c) to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, or regulatory compliance; (d) when a coroner is investigating the client's death; (e) when there is a legal duty to warn or take action regarding imminent danger to others. The provider is required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened; (f) The provider is required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder; (g) The provider is required to report any suspected threat to national security to federal officials.
6. **Crimes on the premises, observed, or reported to the provider.** Crimes that are observed by the provider or the provider's staff, crimes that are directed toward the provider or the provider's staff, crimes that occur on the premises, or crimes reported to law enforcement.

7. **Business Associates.** Some of the functions of the provider may be provided by contracts with business associates. For example, some of the billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. 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.
8. **Research.** The provider may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulations are followed. 45 CFR § 164.512(i).
9. **Involuntary Clients.** Information regarding clients, who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers and others, as necessary to provide the care and management coordination needed.
10. **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. Under Colorado law, C.R.S. 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information, the therapists may provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards.
11. **Welfare Checks.** When we are concerned about a client's safety, it is our policy to request a Welfare Check through local law enforcement. In doing so, we may disclose to law enforcement officers information concerning our concerns. By signing this Disclosure Statement and agreeing to treatment at the Neurofeedback Clinic of Northern Colorado, you consent to this practice, if it should become necessary.
12. **Client/Patient Rights.** (a) You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your treatment (if it can be determined), and the fee structure. Please ask if you wish to receive this information from your therapist. (b) You may seek a second opinion from another therapist and may terminate your therapy at any time. (c) In a professional relationship (such as ours), sexual intimacy is never appropriate. If sexual intimacy occurs, it should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.
13. **Confidentiality.** Generally speaking, the information provided by and to a client during therapy sessions is legally confidential and cannot be released without the client's consent. If information is legally confidential, your therapist cannot be required to disclose such information without your consent. There are exceptions to the general rule of legal confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, as well as other exceptions in Colorado and Federal law. Be advised that legal confidentiality may not apply in a criminal or delinquency proceeding. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at <http://www.dora.state.co.us/mental-health/Statute.pdf>.
14. **Hold Harmless.** I agree to hold harmless, and I will not institute or be part of any claim or suit against the therapists, evaluators, staff and clinic in their provision and administration of my services and treatment program.
15. **Release of Information.** Information in your case may be shared with the Neurofeedback Clinic of Northern Colorado therapists listed in this document for case consultation and supervision purposes.

This information is considered confidential for each of these professionals. Your signature gives consent for this consultation and supervision.

B. Client Authorization or Release of Information.

The provider 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 a release of information, it may later be revoked provided that the revocation is in writing. The revocation will apply, except to the extent the provider has already taken action in reliance thereon.

II. YOUR RIGHTS AS A CLIENT

A. Access to Protected Health Information.

You have the right to inspect and obtain a copy of the protected health information the provider has regarding you, in the designated record set. However, you do not have the right to inspect or obtain a copy of psychotherapy notes. There are other limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask your therapist.

B. Amendment of Your Record.

You have the right to request that the provider amend your protected health information. The provider is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask your therapist.

C. Accounting of Disclosures.

You have the right to receive an accounting of certain disclosures the provider has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment or health care operations. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask your therapist.

D. Additional Restrictions.

You have the right to request additional restrictions on the use or disclosure of your health information. The provider does not have to agree to that request and there are certain limits to any restriction, which will be provided to you at the time of your request. To make a request, ask your therapist.

E. Alternative Means of Receiving Confidential Communications.

You have the right to request that you receive communications of protected health information from the provider by alternative means or at alternative locations. For example, if you do not want the provider to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such requests, which will be provided to you at the time of the request process. To make a request, ask your therapist. F. Copy of this Notice. You have the right to obtain another copy of this Notice upon request.

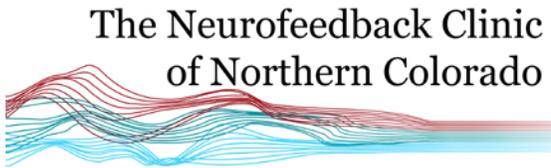
III. ADDITIONAL INFORMATION

A. Privacy Laws.

The provider is required by State and Federal law to maintain the privacy of protected health information. In addition, the provider is required by law to provide clients with notice of the provider's legal duties and privacy practices with respect to protected health information.

B. Terms of the Notice and Changes to the Notice.

The provider is required to abide by the terms of this Notice, or any amended Notices that may follow. The provider reserves the right to change the terms of its Notice and to make the new Notice provisions effective for



The Neurofeedback Clinic of Northern Colorado

Neurofeedback Clinic of Northern Colorado
4115 Boardwalk Drive, Ste 100
Fort Collins, CO 80525
P970-493-4580

all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted at the provider's service delivery sites and will be available upon request.

Clinical Staff

Lisa Pendleton, MS, LMFT #983

Clinical Director

EMDR II, Neurotherapy Practitioner

970-493-4580, Option 1

Monica Rowell, MA, LPC #12332

Neurotherapy Practitioner

970-493-4580, Option 3

Barbara Stutsman, MA, MS, LMFT #974

EMDR II, Neurotherapy Practitioner

970-493-4580, Option 5

Jennifer Wayman, MA, CAC II, LPC #0012237

Neurotherapy Practitioner

970-493-4580, Option 8

Melissa Fuller, MS, LPC #0011928

Neurotherapy Practitioner

970-493-4580

Jinny Mortensen, MA, LPC #12377

EMDR II, Neurotherapy Practitioner

970-493-4580, Option 2

Andrea Ewing, MS, LCSW #9923938

Neurotherapy Practitioner

970-493-4580, Option 4

Whitney Bosley, MA, LAC, LPC #0012299

Neurotherapy Practitioner

970-493-4580, Option 7

Vanessa Baltazar Schneider, MA, LPC #12471

Neurotherapy Practitioner

970-493-4580, Option 9

Josie Rosenberg, MS., LMFT #0001175

Neurotherapy Practitioner

970-493-4580

Administrative Staff

Jeff Andersen

Business Manager

970-493-4580, Option 6

Michelle Rokke

Office Administrator

970-493-4580, Option 0

Rachel Knox-Stutsman

Office Assistant

970-493-4580, Extension 310