

**PRIVACY STATEMENT
NOTICE OF PRIVACY RIGHTS**

THIS NOTICE CONTAINS INFORMATION CONCERNING HOW CONFIDENTIAL MENTAL HEALTH TREATMENT INFORMATION CONCERNING YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND LET US KNOW ANY QUESTIONS THAT YOU MAY HAVE CONCERNING THIS NOTICE. During the process of providing services to you, Jo Ann Zepp, MA, LPC, RN, CACIII, PLLC will use and disclose protected health information in the following ways:

I. USES AND DISCLOSURES OF PROTECTED INFORMATION

A. General Uses and Disclosures Not requiring the Client's Consent. Jo Ann Zepp, PLLC will use and disclose protected health information in the following ways.

- i. Treatment.** Treatment refers to the provision, coordination, or management of mental health care and related services by one or more health care providers. For example, Jo Ann Zepp, PLLC therapists and staff involved with your care may use your information to plan your course of treatment and consult with other health care professionals or their staff concerning services needed or provided to you.
- ii. Payment.** Payment refers to the activities undertaken by a health care provider to obtain or provide reimbursement for the provision of health care. For example, Jo Ann Zepp, PLLC and other health care professionals will use information that identifies you, including information concerning your diagnosis, services provided to you, dates of services, and services needed by you, and may disclose such information to insurance companies, to businesses that review bills for health care services and handle claims for payment of health care benefits in order to obtain payment for services. If you are covered by Medicaid, information may be provided to the State of Colorado's Medicaid program, including but not limited to your treatment, condition, diagnosis and services received.
- iii. Health Care Operations.** Health care operations means activities undertaken by health insurance companies, businesses that administer health plans and companies that review bills for health care services in order to process claims for health care benefits. These functions include management and administrative activities. For example, such companies may use your health information in monitoring service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business planning and accreditation, certification, licensing and credentialing activities.
- iv. Contacting the Client.** Jo Ann Zepp, PLLC may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.
- v. Required by Law.** This includes but is not limited to: (a) reporting child abuse or neglect to the Department of Human Services or to law enforcement; (b) when court ordered to release information; (c) when there is a legal duty to warn of a threat that a client has made of imminent physical violence, health care professionals are required to notify the potential victim of such a threat, and report it to law enforcement; (d) when a client is imminently dangerous to herself/himself or to others, or is gravely disabled, health care professionals may have a duty to hospitalize the client in order to obtain a 72 hour evaluation of the client; and (e) when required to report a threat to the national security of the United States. There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado Statutes (C.R.S. 13-43-218). You should be aware that provisions concerning disclosure of confidential

communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S.

- vi. **Health Oversight Activities.** Your confidential, protected health information may be disclosed 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, regulatory programs or determining compliance with program standards.
- vii. **Crimes on the premises or observed by Jo Ann Zepp, PLLC personnel.** Crimes that are observed by Jo Ann Zepp, PLLC staff, that is directed toward staff, or occurs on Jo Ann Zepp, PLLC premises will be reported to law enforcement.
- viii. **Business Associates.** Confidential health care information concerning you, provided to insurers or to plans for purposes or payment for services that you receive may be disclosed to business associates. For example, some administrative, clinical, quality assurance, 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.
- ix. **Research.** Protected health information concerning you may be used with your permission for research purposes if the relevant provisions of the Federal HIPPA Privacy Regulations are followed.
- x. **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 in compliance with Colorado law.
- xi. **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.
- xii. **Emergencies.** In life threatening emergencies, Jo Ann Zepp, PLLC staff will disclose information necessary to avoid serious harm or death.

II.

- A. **Client Release of Information or Authorization.** Jo Ann Zepp, PLLC and other health care professionals may not use or disclose protected health information in any way without a signed release of information or authorization. When you sign a release of information, or an authorization, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent Jo Ann Zepp, PLLC has already taken action in reliance thereon.
- B. **Access to Protected Health Information.** You have the right to receive a summary of confidential health information concerning your mental health, health services needed or provided to you. There are some 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 Jo Ann Zepp, PLLC staff for the appropriate request form.
- C. **Amendment of Your Record.** You have the right to request that Jo Ann Zepp PLLC or your health care professional amend your protected health information. Jo Ann Zepp, PLLC 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 Jo Ann Zepp, PLLC staff for the appropriate request form.
- D. **Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures Jo Ann Zepp, PLLC 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 operation. In addition, the accounting does not include disclosures made prior to April 14, 2003. There are other exceptions that will be provided to you should you request an accounting. To make a request, ask Jo Ann Zepp, PLLC staff for the appropriate request form.

- E. **Additional Restrictions.** You have the right to request additional restrictions on the use or disclosure of your health information. Jo Ann Zepp, PLLC 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 Jo Ann Zepp, PLLC staff for the appropriate request form.
- F. **Alternative Means of Receiving Confidential Communications.** You have the right to request that you receive communications of protected health from Jo Ann Zepp, PLLC by

alternative means or at alternative locations. For example, if you do not want Jo Ann Zepp, PLLC 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 your request. To make a request, ask Jo Ann Zepp, PLLC staff for the appropriate request form.

- G. **Copy of this Notice.** You have a right to obtain another copy of this Notice upon request.

III. ADDITIONAL INFORMATION

- A. **Privacy Laws.** Jo Ann Zepp, PLLC is required by State and Federal law to maintain the privacy of protected health information. In addition, Jo Ann Zepp, PLLC is required by law to provide clients with notice of its legal duties and privacy practices with respect to protected health information. This is the purpose of this Notice.
- B. **Terms of the Notice and Changes to the Notice.** Jo Ann Zepp, PLLC is required to abide by the terms of this Notice, or any amended Notice that may follow. Jo Ann Zepp, PLLC reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted in Jo Ann Zepp, PLLC service delivery sites and will be available upon request.
- C. **Violation of Your Privacy Rights.** If you believe Jo Ann Zepp, PLLC has violated your privacy rights, you have the right to complain to Jo Ann Zepp, PLLC management. Please submit a statement in writing addressed to Jo Ann Zepp, PLLC, 614 N. Nevada Ave., Suite 201, Colorado Springs, CO 80903, concerning your complaint and the basis for it. You also have the right to complain to the United States Secretary of Health and Human Services, 200 Independence Avenue SW, Room 515 F, HHH Building, Washington, DC, 20201. It is the policy of Jo Ann Zepp, PLLC that there will be no retaliation for your filing of such complaints.
- D. **Additional Information.** If you desire additional information about your privacy rights at the office of Jo Ann Zepp, PLLC, please ask us any questions that you may have.

IV. EFFECTIVE DATE: THIS NOTICE IS EFFECTIVE AS DATED BELOW

I understand these disclosures. I have received a copy of this NOTICE OF PRIVACY RIGHTS and the DISCLOSURE STATEMENT.

Client Signature/Legal Representative

Date

Therapist Signature

Date