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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.

The privacy of your health information is important to Bluebird Counseling LLC. Bluebird Counseling will maintain the privacy of your health information and will not disclose your information to others unless you tell Bluebird Counseling to do so, or unless the law authorizes or requires Bluebird Counseling to do so. The federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Bluebird Counseling take additional steps to keep you informed about how Bluebird Counseling may use the information that is gathered in order to provide health care services to you. As part of this process, Bluebird Counseling is required to provide you with the following Notice of Privacy Practices and to request that you sign the attached written acknowledgement that you received a copy of this notice. This notice describes how Bluebird Counseling may use or disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This notice also describes your rights regarding health information that Bluebird Counseling maintains about you and a brief description of how you may exercise these rights.

If you have any questions about this notice, please contact Alexandra Boyce to discuss them further.

Bluebird Counseling is required by applicable federal and state laws to maintain the privacy of your health information. Bluebird Counseling is also required to give you this notice about our privacy practices, legal obligations, and your rights concerning your protected health information (PHI). Bluebird Counseling must follow the privacy practices that are described in this notice (which may be amended in the future). For more information about Bluebird Counseling's privacy practices, or for additional copies of this notice, please contact Alexandra Boyce using the information listed in section IIG of this notice.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Permissible uses and disclosures without your written permission

Bluebird Counseling located at 789 Sherman Street, Suite 650, Denver, CO 80203 may use and disclose PHI without your written authorization, excluding Psychotherapy notes as described in section II, for certain purposes described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law .

1. **Treatment:** Bluebird Counseling may use and disclose PHI in order to provide treatment to you. For example, Bluebird Counseling may use PHI to diagnose and provide counseling service to you. Bluebird Counseling may disclose PHI to other health care providers involved in your treatment. In addition, Bluebird Counseling may disclose information not including your name or other identifiable information to other mental health professionals for the purpose of consultation in order to ensure the provision of high-quality treatment.
2. **Payment:** Bluebird Counseling may use or disclose PHI so that the services you receive are appropriately billed to, and payment collected from your health plan. For example, Bluebird

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Counseling may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services.

3. **Health Care Operations:** Bluebird Counseling may use and disclose PHI in connection with our health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing acts.
4. **Contacting the client, parent(s), or guardian:** Bluebird Counseling may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.
5. **Required or Permitted by Law:** Bluebird Counseling may use or disclose PHI when required or permitted to do so 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 (including mental health 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 (including mental health professionals) may have a duty to hospitalize the client in order to obtain a 72-hour evaluation of the client; and (e) when require to report a threat to the national security of the United States. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to government health care benefit programs; disclosures to regulatory programs or determining compliance with program standards; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise authorized by law.
6. **Crimes on the premises or observed by Bluebird Counseling personnel:** Crimes that are observed by Bluebird Counseling staff, that are directed toward staff, or occur on Bluebird Counseling's premises will be reported to law enforcement.
7. **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 contracts 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:** Protected health information concerning you may be used with your permission for research purposes if the relevant provisions of the federal HIPAA privacy regulations are followed.
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 payors, and others, as necessary to provide the care and management coordination needed in compliance with Colorado law.

10. Family Members: Except for certain minors, incompetent clients, or involuntary clients, PHI cannot be provided to family members without the client's consent. When parents are divorced, Colorado law allows any parent who has been assigned parental responsibilities access to medical records. Therefore, in compliance with C.R.S. §14-10-123.8, you authorize me to provide access to treatment information to such an individual by authorizing me to provide services to a child in your custody. 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. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the

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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.

11. Emergencies: In life threatening emergencies, Bluebird Counseling staff will disclose information necessary to avoid serious harm or death.

B. Uses and disclosures requiring your written authorization. Uses and disclosures other than those described in section IA above will only be made with your written authorization. For example, you will need to sign an authorization form before Bluebird Counseling can send PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time.

II. YOUR INDIVIDUAL RIGHTS

A. Right to inspect and copy: You may request access to your medical and billing records maintained by Bluebird Counseling in order to inspect and request copies of the information. All requests for access must be made in writing. Under limited circumstances, Bluebird Counseling may deny access to your records. Bluebird Counseling may charge a fee for the costs associated with copying and sending you any records requested. State law may regulate such charges. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you (e.g., records related to mental health, drug treatment, or family planning services).

B. Right to receive confidential communications of PHI: You may request, and Bluebird Counseling will accommodate, any reasonable written request for Bluebird Counseling to send mail or bills to certain addresses or limit phone calls to retain privacy.

C. Right to request restrictions: You have the right to request a restriction on PHI used for disclosure for treatment, payment, or health care operations. You must request any such restriction in writing, however Bluebird Counseling is not required to agree to any such restriction you may request.

D. Right to accounting of disclosures: Upon written request, you may obtain an accounting of certain disclosures of PHI made by Bluebird Counseling after March 1, 2019. This right applies to disclosures for purposes other than treatment, payment, or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.

E. Right to request amendment: You have the right to request that Bluebird Counseling amend your health information. Your request must be in writing and it must explain why the information should be amended. Bluebird Counseling may deny your request under certain circumstances.

F. Right to obtain notice: You have the right to obtain a paper copy of this notice by submitting a request to Bluebird Counseling at any time.

G. Questions and complaints: If you desire further information about your privacy rights, or are concerned that Bluebird Counseling has violated your privacy rights, you may address this with Bluebird Counseling at any time. You may also file a written complaint with 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. Bluebird Counseling staff will not retaliate against you if you take such action.



III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

A. Effective Date: This notice is effective March 1, 2019.

B. Changes to this notice: Bluebird Counseling may change the terms of this notice at any time. If changes are made, Bluebird Counseling may make the new notice terms effective for all PHI that Bluebird Counseling maintains, including any information created or received prior to issuing the new notice. If the notice is altered in any way, Bluebird Counseling will post the revised version in the waiting area of the office. You may also obtain any revised notice by contacting Bluebird Counseling directly.