

HIPAA NOTICE OF PRIVACY PRACTICES

Notice of Privacy Practices

Good Enough Counseling PLLC
6795 E Tennessee Ave, #406
Denver, CO 80224
Goodenoughcounseling.com
HCPF Privacy Officer: 303-728 4315

EFFECTIVE 2/10/2024 - NOTICE OF PRIVACY PRACTICES.

(Before we start, because there's a lot of information, I like to say: Remember this: 'Nothing leaves this office, except **harm to self, harm to others. This includes suspected, (not proven), child abuse/senior abuse, now and in the past.**'(I'm a mandated reporter, required by Colorado law to report that stuff") **Additional legal details below:**

Without your written consent, nobody gets to know any of your mental healthcare information from this office. The next several pages describe privacy practices in detail.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Your health information is personal, and we are committed to protecting it.

Good Enough Counseling PLLC provides adult outpatient mental health counseling, primarily in an in-person setting. As used in this notice, "we", "our" and "us" collectively refer to Good Enough Counseling. This notice includes all entities when acting as part of Good Enough Counseling when providing healthcare to you.

Good Enough Counseling uses and discloses health information about you for treatment, to obtain payment for treatment, and for administrative purposes, to evaluate the quality of care you receive, and for other purposes permitted by HIPAA. (Health Insurance Portability and Accountability Act). We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information, and to provide you with notice of a breach of your unsecured protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present and future physical or mental health or condition and related healthcare services or payment of healthcare services.

This Notice applies to all records involving your care that are created, and/or maintained by Good Enough Counseling. Your protected healthcare information is contained in a medical record that is the physical property of Good Enough Counseling. Good Enough Counseling is required to abide by the terms of this notice. This Notice was published and became effective February 10, 2024. We reserve the right to change our privacy practices, as reflected by this Notice, to revise this Notice, and to make the provisions effective for all protected health information it maintains. Revised Notices will be available in our office, and upon your request.

If you are a patient insured by the United States Department of Veteran Affairs, you may be entitled to rights and we may be subject to restrictions regarding the use and disclosure of your protected health information other than as set forth in this Notice. At all times, we will comply with applicable requirements of the Department of Veteran Affairs regarding the uses and disclosure of your protected health information.

1. USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION. Uses and disclosure of Protected Health Information for Treatment, Payment, or Operations.

We may use or disclose your protected health information for treatment, payment, and healthcare operations as described in Section 1 without authorization from you. Your protected health information may be used and disclosed by your provider our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected health information may also be used and disclosed to pay your healthcare bills and to support the operation of Good Enough Counseling.

Following are types and examples of uses and disclosures of your protected healthcare information that Good Enough Counseling is permitted to make without your specific authorization. These descriptions and examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by Good Enough Counseling. In general, information regarding behavioral healthcare services may be used and disclosed as provided below, and additional rules under Colorado state law may apply to other types of protected health information.

Treatment: We will use and disclose your protected health information to provide, coordinate and manage your healthcare and any related services. This includes management of your health care with a third party, consultations with another provider, or your referral to another for your diagnosis and treatment. For example, a provider treating you may need to know if you have other health problems that might complicate your treatment and therefore may request your medical record from another healthcare provider that has provided treatment for you. Another example: if your medical doctor prescribes a medication and sends you to Good Enough Counseling for mental health treatment, you would sign an ROI, and be informed of an expectation to relay the efficacy of currently prescribed medications. This would require a signed release from you, and allows us to coordinate care.

Payment: Your protected health information may be used to obtain or provide payment for your Good Enough Counseling Services, including disclosures to other entities. This may include certain activities that your health insurance plan may undertake before it approves or pays for the services we recommend to you, such as making a determination of eligibility or coverage of insurance benefits, reviewing services provided to you, and undertaking utilization review activities. For Example, we may need to give your insurance company information about therapy you received so your insurance will pay for the care.

Operations: We may use or disclose your protected health information in order to support business activities of Good Enough Counseling. These activities include, but are not limited to: Quality assessment and improvement activities; reviewing the current trends and competencies of various treatment modalities, securing stop loss, or excess of loss insurance, obtaining legal services, or conducting compliance programs or auditing functions; business planning and development, business management and general administrative activities, such as compliance with HIPAA, resolution of internal grievances, due diligence in connection with the sale or transfer of assets of your provider's practice, creating de-identifying health information, and conducting and arranging for other business activities. For example, we may use your health information to evaluate the efficacy of current treatment, the performance and outcome of various modalities, and comparison of one treatment modality compared to another. In addition, we may disclose your protected health information to another provider, health plan, or healthcare clearinghouse for limited operational purposes of the recipient, as long as the other entity has, or has had, a relationship with you. Such disclosures will be limited to certain purposes, including: quality assessment and improvement activities, reducing healthcare costs, consultation within a professionally established HIPAA compliant setting, certification,

licensing, credentialing activities, and healthcare fraud and abuse detection and compliance programs.

Business Associates: We may share your protected healthcare information with a third party “Business associates” that perform various activities, (e.g. Billing, transcription services, accounting services, legal services, management of confidential EHR platform) for Good Enough Counseling. Whenever an arrangement between Good Enough Counseling and a business associate involves the use and disclosure of your protected healthcare information, we will have a written contract that contains the terms that will protect the privacy of your protected healthcare information.

Treatment Alternative Referrals and Health Related Services. We may use or disclose your protected health information for the purposes of referral or coordination of care with other healthcare providers, or to recommend or direct transfer of alternative treatments you consent verbally to be referred to. In this instance, the minimum information necessary is the rule, with the expectation that written consent from you for any PHI given to any other entity. For example, “I have a client who has anxiety, who would like to come to your for X treatment”. Any additional information would include your written consent.

Communication: Good Enough Counseling may use and disclose your information to provide appointment reminders, leave a text or message with an individual who answers the phone given to contact you. This is most often your personal cell phone, but may be a landline if that is the number you give for us to contact you.

Destruction of Records Good Enough Counseling complies with state and federal regulations in regard to the destruction of records, specifically: The healthcare record of a person who is less than 23 may not be destroyed. The healthcare record of a person must be maintained for 7 year, after it has been received and created, unless federal law requires that it be maintained for a longer period of time, and The the healthcare record of a person who has reached the age of 23 years may be destroyed after 7 years from the date the record was received and created, unless the federal law requires that it be retained for a longer period of time.

Family and Friends: We may provide your protected health information to individuals such as family and friends who are involved in your care or who help pay for your care. We may do this **if you tell us we may do so, and fill out a written request.** An exception would be if you bring a friend with you into the therapy session. This would be evidence of your consent to that person’s involvement in therapy. At no time with that or any other friend or family have access to your medical record, without your written consent. Professional judgement, for example, leaving your phone in my office, may have me use professional judgement to inform a contact in your file to inform them of the phone being lost.

2. OTHER PERMITTED USES AND DISCLOSURE OF PROTECTED HEALTH

INFORMATION. We may use or disclose your protected health information without your permission in the following circumstances, subject to all applicable legal requirements and limitations:

As required by law: As required by federal, state or local law,

Mandated Reporter. As a mandated reported, I am legally required to report suspected child abuse, now or in the past, and suspected Senior abuse, including neglect, as required by Colorado law. If you tell me of abuse that happened age 15, and you are thirty, I will still be required by law to report the 15 year old incident as best I can.

Public Health Activities. To a public health authority for public health activities including the following: to prevent or control diseases, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities To a health oversight agency for audits, investigations, inspections, licensing purposes, or as necessary for certain government agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: In response to a subpoena or a court or administrative order, if you are involved in a lawsuit or a dispute, or in response to a court order, subpoena, warrant, summons, or similar process, if asked to do so by law enforcement.

Law Enforcement: To law enforcement for law enforcement purposes, so long as applicable legal requirements are met.

Coroners, Medical Examiners, and Funeral Directors: To a coroner or medical examiner (as necessary, for example, to identify a deceased person or determine the cause of death) or to a funeral director, as necessary to allow him/her to carry out his/her activities

Organ and Tissue Donation: If you are an organ or tissue donor, to organizations that handle organ procurement, or organ eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate a tissue donation and transplantation.

Serious Threat or Safety; disaster Relief: To appropriate individuals/organizations when necessary (i) to prevent a serious threat to your health and safety or that of the public or another person, or, (ii) to identify locate or notify your family members or persons responsible for you in a disaster relief effort

Military and Veterans: As required by military command or other government authority for information about a member of the domestic or foreign armed services if you are a member of the armed forces.

National Security Intelligence Activities; Protective Service: To the federal officials for intelligence, counterintelligence, and other national security activities authorized by law, including activities related to the protection of the President, other authorized person or foreign heads of state, or related to the conduct of special investigations.

Worker's Compensation For worker's compensation or similar work-related injury programs, to the extent required by law.

3. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON WRITTEN AUTHORIZATION.

Except as otherwise provided in this Notice, we will not use or disclose your protected health information without your written authorization. You may revoke an authorization at any time, except to the extent that Good Enough Counseling has already relied on the authorization and taken actions. Examples include: Marketing activities, Disclosure that constitute the sale of your protected health information, Disclosures of substance abuse disorder records, most uses and disclosures of psychotherapy notes.

Federal and State laws may require authorization from you before we can disclose information. Examples of protected health information that may be subject to special protections include protected health information, involving mental health, HIV/AIDS, reproductive health, sexually

transmitted or other communicable diseases, and alcohol or drug abuse. We may limit disclosure of the specifically protected health information to what the law permits or we may contact you for the necessary authorization.

4. NOTICE REGARDING CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT

RECORDS: The confidentiality of substance use disorder patient records maintained by certain GoodEnough Counseling is protected by federal laws and regulations (42n USC @90dd-2 42 CFR Part 2). Generally we may not tell a person outside Good Enough Counseling that you are receiving services from us for a substance use disorder, or disclose and any information identifying you as a person that has or has had a substance use disorder, unless:

You consent in writing to the disclosure, or the disclosure is made to a qualified service organization which Good Enough Counseling has a written agreement; or the disclosure is allowed by a court order, or the disclosure is made by medical personnel in a bona fide medical emergency or to a qualified personnel for certain research, audit, or program evaluation.

Federal law and regulation also do not protect any information about a crime you commit or threaten to commit at any Good Enough Counseling location or against any person who works at Good Enough Counseling. Suspected child abuse or neglect required by state law to be reported to the appropriate state or local authorities. Violation by Good Enough Counseling of the federal law and regulations is a crime. Suspected violations by an opioid treatment program may be reported to the Substance Use and Mental Health Services Administration (SAMHSA). Opioid Treatment Program Compliance Office by phone at 207 276 2700 or online at)TP-extranet@opioid.samhsa.gov.

5. YOU HAVE THE FOLLOWING RIGHTS to your health information. To exercise any of these rights below, please contact GoodEnoughCounseling@protonmail.com, to obtain the proper forms.

You have the right to:

Inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in your medical record, including medical and billing records and any other records that your provider and the practice use for making decisions about you. We may charge you for the cost of copying, mailing or associated supplies. Under federal law, however, you may not inspect or copy certain records, including: information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative action or proceeding; and protected health information that is a subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access maybe reviewable. In some circumstances ,you may have a right to have this decision reviewed. Request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this notice.Good Enough Counseling is not required to agree to a restriction that you may request, unless you request to restrict the disclosure of your protected health information to a health plan for the purpose of carrying out payment of healthcare operations and the protected health information relates only to a healthcare item or service for which you have paid us in full out of your pocket (not through insurance) in which case we will accept such a restriction request. If we agree to the restriction request, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

Request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for this request.

Request an amendment to your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal. Receive an accounting of certain documents we have made. If any of your protected health information . This applies to certain disclosures for purposes other than treatment payment, or healthcare operations as described in this Notice. It also excludes disclosures we may have made to you for a clinic directory, to family members or friends involved in your care, or for notification purposes, disclosures for which you have signed an authorization and certain other disclosures. You have the right to receive specific information regarding these disclosures that occurred during the six years prior to the date of your request. The right to receive this information is subject to certain exemptions, restrictions, and limitations. You may obtain a paper copy of this notice upon request and in a timely manner. You may obtain a paper notice of by contacting Goodenoughcounseling@protonmail.com, or 303 728 4315. the notice is also available in our clinic.

6.COMPLAINTS.

You may complain to us or to the Secretary of the Department of Health and Human Services, if you believe your rights have been violated by us. You may file a complaint with us by notifying us, with heading: Privacy at Good Enough counseling, and emailing it to [**goodenoughcounseling@protonmail.com**](mailto:goodenoughcounseling@protonmail.com)

7 NON RETALIATION:

Good Enough Counseling will not retaliate against you for requesting access to your medical records. Notice of Privacy Practices or any other HIPAA related documents. Further, Good Enough Counseling will not retaliate against you for filing or making aware of any HIPAA complaints or grievances.

Contact Information:

If you have any questions or complaints about this notice or privacy practices, please contact Good Enough Counseling, 6795 E Tennessee, #406, Denver CO, 80224, 303 728 4315 email [**goodenoughcounseling@protonmail.com**](mailto:goodenoughcounseling@protonmail.com)

[] I acknowledge that I have received a copy of Good Enough Counseling's HIPAA Notice of Privacy Practices. **Sign and date below.**

Printed Name _____

Signature _____

Date _____