



# MW Counseling

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## MW COUNSELING

### NOTICE OF PRIVACY PRACTICES

**This Notice describes how health information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.**

#### **Pledge Regarding Health Information**

MW Counseling understands that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us in order to provide you with quality care and comply with certain legal requirements. This Notice applies to all of the records of your care generated by our mental health care practice. This Notice will tell you about the ways in which we may use and disclose health information about you, describes your rights to the health information kept about you, and describes certain obligations regarding the use and disclosure of your health information. MW Counseling is required by law to:

- Ensure that protected health information (“PHI”) that identifies you is kept private;
- Give you this Notice of Legal Duties and Privacy Practices with respect to health information; and
- Follow the terms of the notice that is currently in effect.

MW Counseling can change the terms of this Notice and our privacy policies at any time, and such changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website.

#### **How Your Protected Health Information May Be Used**

MW Counseling will use and disclose your PHI for many different reasons. For some of these uses or disclosures, we will need your prior authorization. For others, we will not. The following categories describe different ways that we use and disclose health information. For each category of use or disclosure, we will explain what they mean and give some examples. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of these categories.

#### **For Treatment, Payment, or Health Care Operations**

Uses and disclosures relating to treatment, payment, or health care operations do not require your prior written consent. Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the client/client to use or disclose the client/client’s PHI without the client’s written authorization in order to carry out the health care provider’s own treatment, payment, or health care operations. MW Counseling can use and disclose your PHI without your consent for the following reasons:

- **For treatment.** We can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care, including the therapist you see at our facility who might be an independent contractor and not an employee of MW Counseling. For example, if you are being treated by a psychiatrist, we can disclose your PHI to your psychiatrist in order to coordinate your care.
- **To obtain payment for treatment.** We can use and disclose your PHI to bill and collect payment for the treatment and services provided to you by us or an independent contractor seeing you at our facility. For example, we might send your PHI to the person in your family who pays for your health care, a third-party payer, or your health plan in order to get paid for the health care services that we, or an independent contractor, have provided to you. We may also provide PHI to business associates, such as billing companies, claims processing companies, and others that process our health care claims.
- **For health care operations.** We can disclose your PHI to operate our practice. For example, we might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others to make sure we are complying with applicable laws.
- **Other disclosures.** We may disclose your PHI to others without your consent in certain situations. For example, your consent is not required if you need emergency treatment, as long as we attempt to obtain your consent after treatment is rendered, or if we attempt to obtain your consent but you are unable to communicate (for example, if you are unconscious or in severe pain) and we believe that you would consent to such treatment if you were able to do so.

Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a client for health care from one health care provider to another.

### **Lawsuits & Disputes**

If you are involved in a lawsuit, MW Counseling may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### **Certain Uses & Disclosures Require Your Authorization**

**Psychotherapy Notes.** MW Counseling does keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization *unless* the use or disclosure is:

- For use in treating you;
- For use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy;
- For use in defending ourselves in legal proceedings instituted by you;
- For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA;
- Required by law and the use or disclosure is limited to the requirements of such law;

- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes;
- Required by a coroner who is performing duties authorized by law; or
- Required to help avert a serious threat to the health and safety of others.

### **Marketing Purposes**

As a psychotherapist, MW Counseling will not use or disclose your PHI for marketing purposes.

### **Sale of PHI**

As a psychotherapist, MW Counseling will not sell your PHI in the regular course of our business.

### **Right to Revoke**

Even if you choose to sign an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (to the extent that MW Counseling has not taken any action in reliance on such authorization) of your PHI. If your therapist is an independent contractor seeing you at our facility, you will need to revoke your written authorization to him or her as well.

### **Certain Uses & Disclosures Do Not Require Your Authorization**

Subject to certain limitations in the law, MW Counseling can use and disclose your PHI without your consent or authorization for the following reasons:

- When you and/or your child or children report about abuse or neglect of a minor or elderly person;
- Upon information that informs us that you are in danger of harming yourself or others;
- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law. For example, we may make a disclosure to applicable officials when a law requires us to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding;
- For public health activities. For example, when there is a serious threat to your or another's health and safety or to the public. We will only share information with persons who are able to help prevent or reduce the threat;
- For health oversight activities, including audits and investigations. For example, we may have to report information to assist the government when it conducts an investigation or inspection of a health provider or organization;
- For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain an Authorization from you before doing so;
- For law enforcement purposes, including reporting crimes occurring on our premises, or against our staff;
- To coroners or medical examiners when such individuals are performing duties authorized by law;
- For research purposes. In certain circumstances we may provide PHI in order to conduct medical research including studying and comparing the mental health of clients who received one form of therapy versus those who received another form of therapy for the same condition;

- For specific government functions, including ensuring the proper execution of military missions, protecting the President of the United States, conducting intelligence or counter-intelligence operations, or helping to ensure the safety of those working within or housed in correctional institutions;
- For workers' compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws; and
- Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

### **Certain Uses & Disclosures Require You to Have the Opportunity to Object**

MW Counseling may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

### **YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI**

#### **The Right to Request Limits on Uses & Disclosures of Your PHI**

You have the right to ask that MW Counseling limit how we use or disclose certain PHI. We are not required to agree to your request and may say “no” if we believe it would affect your health care. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

#### **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full**

You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

#### **The Right to Choose How We Send PHI to You**

You have the right to ask that MW Counseling send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We will agree to all reasonable requests.

#### **The Right to See and Obtain Copies of Your PHI**

Other than “psychotherapy notes,” you have the right to obtain an electronic or paper copy of your medical records and other information that MW Counseling has about you. We will provide you with a copy of your records, or a summary, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost-based fee for doing so. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

[Note: In the event that your records are co-mingled (i.e. if you are a part of family therapy, mediation, or marriage counseling), MW Counseling needs a signed consent by all parties involved in order to release records.]

### **The Right to Obtain a List of the Disclosures We have Made**

You have the right to request a list of instances in which MW Counseling has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable, cost-based fee for each additional request.

### **The Right to Correct or Update Your PHI**

If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that MW Counseling correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request to correct or update your PHI. We may deny your request, but we will explain the reasons for the denial in writing within 60 days of receiving your request. We will also explain your right to file a written statement of disagreement with the denial.

### **The Right to Obtain a Paper or Electronic Copy of this Notice**

You have the right obtain a paper and electronic copy of this Notice, If MW Counseling changes this Notice, we will provide you with a copy of the new version.

### **The Right to File a Complaint If You Believe Your Privacy Rights Have Been Violated**

You can complain if you feel MW Counseling has violated your rights by contacting us at MW Counseling, 13395 Voyager Pkwy, Ste 130 PMB 2032, Colorado Springs, CO, 80921, or by calling us at (480) 608-5655. You may file a complaint with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, calling 877-696-6775, or through their website at [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You may also file a complaint with the Colorado Department of Regulatory Agencies (DORA), Division of Professions and Occupations, Mental Health Section by sending a letter to 1560 Broadway Suite 1350, Denver, CO 80202, calling 303-894-2291, or through their website at <https://apps.colorado.gov/dora/licensing/Activities/Complaint.aspx>. Note that DORA may direct you to file your complaint with HHS, listed above.

MW Counseling will not retaliate against you for filing a complaint. Filing a complaint will not change the healthcare we provide to you in any way. Also, you may have other rights that are granted to you by the laws of our state, and these may be the same or different from the rights described above.

MW Counseling is happy to discuss these situations with you now or as they arise. If you have any questions regarding this Notice or our health information privacy policies, please let your therapist know.

**Effective Date of This Notice**

This notice went into effect on June 29, 2021.

**Acknowledgement of Receipt of Privacy Notice**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of the HIPPA Notice of Privacy Practices.

I have read and understand the privacy practices of MW Counseling.

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Client/Guardian Signature Date

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Client/Guardian Name

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Client/Guardian Signature Date

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Client/Guardian Name

**CONSENT FOR COMMUNICATION OF PROTECTED HEALTH INFORMATION BY NON-  
SECURE TRANSMISSION**

This page is for the purpose of authorizing communication of PHI by MW Counseling. Once this form is annotated and signed by the client, MW Counseling may transmit PHI as indicated below via non-secure means without further written authorization.

**Authorization Regarding Means of Transmission:**

I, \_\_\_\_\_, authorize MW Counseling to communicate my (or my child's) PHI through the following non-secure transmission means. I understand that confidentiality extends to those communications. However, I also understand that MW Counseling cannot guarantee that those communications will remain confidential, as there is a risk that our electronic or telephonic communications may be compromised and/or accessed by an unintended third-party. MW Counseling may still choose to transmit my information secure via the client portal or secure chat (SimplePractice) *(Please initial your choice(s) and provide the information below)*.

\_\_\_\_\_ Cellular/Mobile Phone(s): \_\_\_\_\_

\_\_\_\_\_ Unsecured Email(s): \_\_\_\_\_

\_\_\_\_\_ OR I do not wish to have my PHI transmitted electronically

**Authorization Regarding Content of Transmission:**

I, \_\_\_\_\_, hereby consent and authorize MW Counseling to use and disclose the following PHI by the above designated electronic communication means without further written authorization. *(Please initial your choice(s) below)*

\_\_\_\_\_ Information related to scheduling

\_\_\_\_\_ Information related to billing and payments

\_\_\_\_\_ Information related to your mental health treatment, such as personal materials, forms, suggested articles, homework, etc.

\_\_\_\_\_ OR I do not wish to have my PHI transmitted electronically

I have read the MW Counseling Notice of Privacy Policies form in its entirety, and fully understand its contents. I authorize use of my (or my child's) PHI as indicated above, and have been provided a written copy for my records.

\_\_\_\_\_  
Client/Parent/Legal Guardian Signature

\_\_\_\_\_  
Date