



## LEGACY CENTER

19751 E. MAINSTREET SUITE 218 - PARKER CO 80138  
PHONE: 303-841-4005 - FAX: 720-851-4890  
INFO@LEGACYPARKER.COM - WWW.LEGACYPARKER.COM

### **Notice of Privacy Practices and Protected Health Information**

**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.**

Whenever you see the word “you” in this document, it means “you or your child” (if applicable).

#### **Understanding Your Health Information**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). Each time you visit Legacy Comprehensive Counseling & Consulting a record of your visit is made. This record contains information about your symptoms, examinations, test results, medications you take, and the plan for your care. This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and mental health Code of Ethics. It also describes your rights regarding how you may gain access to and control your Protected Health Information.

#### **Uses and Disclosures of Health Information**

##### **Legacy Comprehensive Counseling & Consulting will use your Protected Health Information for treatment**

Legacy Comprehensive Counseling & Consulting will document information in your record about your examination and the care planned for you. Your health information may be used and disclosed by those who are involved in your care for the purpose providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. If another provider referred you to Legacy Comprehensive Counseling & Consulting, with your consent Legacy may send copies of your medical record to that person so he or she will have updated information to help in your care. Legacy may also use health information about you to call you or send you a letter to remind you about an appointment, to follow up with tests results, or to provide you with information about other care that could benefit your health. I understand that Legacy is a multi-disciplinary team including child psychologists, master level therapists, interns, occupational therapists, and speech therapists. I understand that my therapist may discuss my treatment plan, diagnosis, and progress with the other Legacy providers and supervised interns (if applicable) for the purpose of consulting, teaching, and/or treatment planning. I understand that all Legacy therapists, providers, interns, and employees are held to the same limits of confidentiality as my primary therapist.

##### **Legacy Comprehensive Counseling & Consulting will use your Protected Health Information for payment.**

Legacy Comprehensive Counseling & Consulting will send a bill to you or your insurance company. Legacy may include information that identifies you, as well as your diagnoses, procedures, healthcare providers and supplies used. Legacy also may contact your insurance company to determine if they will pay for your medical care as part of their certification process. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

Client/Guardian Initials \_\_\_\_\_

**Other Disclosures: Business Associates**

There are some services provided through contacts with business associates (e.g., billing agency). To protect your health information, however, Legacy Comprehensive Counseling & Consulting requires the business associates to protect your information. Further, Legacy is required to notify you directly of any privacy breaches committed by a business associate.

**Required by Law**

Legacy Comprehensive Counseling & Consulting may also disclose protected health information required by law without your authorization to the following entities or types of entities that includes, but is not limited to:

- Abuse and Neglect
- Judicial and Administrative Proceedings
- Emergencies
- Family Involvement in Care
- Health Oversight
- Public Safety (Duty to Warn)
- Research
- Food and Drug Administration
- Public Health or legal authorities charged with disease prevention
- Correctional institutions
- Workers Compensation Agents
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Examiners
- National Security and Intelligence Agencies
- Law enforcement as required by law or in accordance with a valid subpoena

Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types and uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the mental health licensing boards or the health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Verbal Permission**

Legacy may use or disclose your PHI to family members that are directly involved in your treatment with your verbal permission.

**Written Permission**

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which you may revoke.

**Marketing**

Legacy will **not** use information in your records for marketing purposes.

Client/Guardian Initials\_\_\_\_\_

**Patient Rights: You have the right to:**

You have the following rights regarding you PHI that Legacy maintains. To exercise any of these rights, please submit your request in writing to our Privacy Officer, Molly M. White, Ph.D.

- **Inspect and obtain a copy of your health record.** Legacy maintains full client records electronically. You have the right, which may be restricted only in exceptional circumstances (e.g., evidence that access would cause serious harm), to inspect and copy your PHI that may be used to make decision about your care. Legacy uses secure internet portals and methods of encryption to assure compliance with confidential communications to protect Legacy from any unauthorized disclosure of confidential client data.
- **Request an amendment to your health records.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment.
- **Obtain an accounting of disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Request communication of your health information in a certain way or at a certain location.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.
- **Revoke your authorization to use or disclosure** health information except to the extent that action has already been taken.

**Legacy Comprehensive Counseling & Consulting has the duty to:**

- Maintain the privacy of your protected health information as required by law;
- Provide you through this notice with information as to her legal duties and privacy practices with respect to information Legacy collects about you;
- Abide by the terms of the notice currently in effect;
- Notify you if Legacy is unable to agree to a requested restriction;
- Follow reasonable requests you make to communicate with you as you instruct—for example, contact you at a certain telephone number or address.
- Provide you a paper copy of this notice of privacy practices upon request.

**For More Information or to Report a Problem or Complaint**

If you have any questions about your rights, our duties, or our practices and procedures regarding protected health information, please contact the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. Complaints to the Secretary must be filed in writing on paper or electronically and must be made within 180 days of when you became aware of, or should have been aware of, the incident giving rise to your complains. By law, you cannot be penalized for filing a complaint.

Your signature below indicates that you have read this document and have had the opportunity to have any questions answered to your satisfaction.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
Client's Signature (15 years or older)

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent, Guardian or Personal Representative (if patient under 15)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Therapist's Signature, Legacy Comprehensive Counseling & Consulting