

Melissa Hunter Therapy, PLLC  
Melissa Hunter, MA, LPCC  
12157 W Cedar Dr., Lakewood, CO 80228  
melissahuntertherapy@gmail.com  
(720) 526-2002

### **NOTICE OF PRIVACY POLICIES**

Effective October 1, 2017

**THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice applies to all Protected Health Information (PHI) contained in your health records maintained by Melissa Hunter, MA. Maintaining the privacy and confidentiality of your PHI is extremely important to me as well as a valuable part of therapy. I keep a record of the care and services you receive during our therapy relationship to provide you with quality care and fulfill legal and ethical requirements. Please read this notice and discuss any questions you have; this contains important information about your privacy rights, my responsibilities, and how your PHI may be used or disclosed.

#### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

Situations in which I may use or disclose your protected health information (PHI) with your consent include treatment, payment, or health care operations. Under any circumstance, I will use or disclose only the minimum amount of information necessary from your medical records to accomplish the intended purpose of the disclosure. To help clarify these terms, here are some definitions:

PHI or Protected Health Information refers to information in your health record that could identify you.

Use applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

Disclosure applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

The following examples describe some of the types of uses and disclosures that may be made by my office once you have provided Consent.

**Treatment:** I will use your health information to make decisions about the provision, coordination, or management of your health care. Examples may include disclosure of PHI to consult with another health care provider regarding your treatment or to contact you to remind you of an appointment.

**Payment:** I may need to use or disclose information in your health record to obtain reimbursement from you or from a third party (e.g. health insurance, EAP insurance) for services rendered to you. Examples may include disclosure of PHI for billing, claims management, collection, determination of eligibility or coverage, and related healthcare data processing through my system.

**Operations:** Your health records may be used in my business planning and development of operations, including improvements in my methods of operation and general administrative functions. I may also use the information in my overall compliance planning, healthcare review activities, and arranging for legal and auditing functions.

## NOTICE OF PRIVACY POLICIES

### II. Uses and Disclosures Requiring Authorization

I may only use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also not release "Psychotherapy Notes" without authorization. "Psychotherapy Notes" are notes I may have made about our conversation during a private, group, or joint session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke any authorizations (of PHI or Psychotherapy Notes) at any time, by providing a written request of the revocation. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy. I will not be liable for any disclosure of PHI that occurred before I knew you revoked your permission.

### III. Uses and Disclosures with Neither Consent nor Authorization

***Although I will make an effort to inform you and obtain your authorization, there are some circumstances in which I may be required to disclose your PHI without your consent or authorization.***

These may include:

***Abuse of children, elderly, or persons with disabilities:*** If I have reasonable cause to suspect abuse of children, elderly, or persons with disabilities, I will make a report to the appropriate authorities as required or permitted by law to protect those who may be unable to protect themselves.

***Adult and Domestic Abuse:*** If I have reasonable cause to suspect you have been criminally abused, I may report this suspicion to the appropriate authorities if required by law.

***Imminent danger to self or others:*** If you communicate an imminent risk (e.g. the apparent intent and ability to act on the threat in the foreseeable future) to inflict serious physical harm on yourself or an identifiable third party, I may disclose relevant PHI and take reasonable steps to prevent the threatened harm. If there is a medical emergency, I will disclose the information deemed necessary to medical personnel to provide medical care to you.

***Legal requirements:*** If I am required to disclose your PHI by any Federal, State, or Local law, I will abide by the law. Legal disclosures may be required by subpoena, court order, or your written authorization. If information is requested as part of a court case in which you are involved, I will not make the disclosure without your written authorization or a court order. This privilege would not apply, however, if I am evaluating you based on a court order and I would inform you in advance of these limitations.

***Worker's compensation:*** I may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

There may be additional disclosures of PHI that I am required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

## **NOTICE OF PRIVACY POLICIES**

### **IV. Patient's Rights**

**Right to Request Restrictions:** You may request that I limit some of the uses and disclosures of your PHI. I am not required to agree to the restriction; however, if we agree, I will comply with it. I cannot limit uses or sharing that are required by law.

**Right to Receive Confidential Communications by alternative Means and at Alternative Locations:** You have a right to request receipt of confidential communications at a different place or different form (e.g. email, phone, mail). I will respect your request as long as it is reasonable. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)

**Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process. I may charge a reasonable fee for providing a copy of your health records, or a summary of those records, which includes the cost of copying, postage, and preparation or an explanation or summary of the information.

**Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

**Right to an Accounting of Disclosures:** You have a right to receive a list of disclosures I have made of your PHI. The list will not include releases for treatment, payment and healthcare operations, releases based on your written Authorization, releases made to people involved in your care, or releases otherwise allowed by law.

**Right to a paper copy:** You may request a printed copy of this notice at any time.

### **V. Counselor's Duties**

I am required by law to maintain the privacy of the protected health information in your records and to provide you with this Notice of my legal duties and privacy practices with respect to that information.

I am required to abide by the terms of this Notice currently in effect.

I reserve the right to change the terms of this Notice at any time; If I revise my policies and procedures, the new provisions will become effective for all health information and records that I have and continue to maintain. All changes in this Notice will be prominently displayed and available at my office. I will inform you by email of the update and provide a revised copy at your request.

### **VI. Questions and Complaints**

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me at 720-526-2002.

## **NOTICE OF PRIVACY POLICIES**

If you believe that your privacy rights have been violated and wish to file a complaint with my office, you may send your written complaint to me at [melissahuntertherapy@gmail.com](mailto:melissahuntertherapy@gmail.com) or the current mailing address on my website: [www.melissahuntertherapy.com](http://www.melissahuntertherapy.com).

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I will provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

### **VII: Email, Text, Phone Calls, and Online Scheduling**

Your appointments may be scheduled online. In doing so, you agree to receive either/both email or/and text reminders of your appointments. Every effort is made to keep your email and text information private, however, due to the nature of these electronic mediums, I cannot guarantee that those communications will remain confidential. Even though I may utilize state of the art encryption methods, firewalls, and/or back-up systems to help secure our communication, there is a risk that the electronic or telephone communications may be compromised, unsecured, and/or accessed by an unintended third-party. There is never a 100% guarantee information will remain confidential when transmitted electronically.

**NOTICE OF PRIVACY POLICIES**

Your signature below acknowledges that you have read and received a copy of this Notice of Privacy Practices for:

Melissa Hunter Therapy, PLLC  
Melissa Hunter, MA, LPCC  
12157 W Cedar Dr., Lakewood, CO 80228  
melissahuntertherapy@gmail.com  
(720) 526-2002

\_\_\_\_\_  
Client/Patient Signature Date

\_\_\_\_\_  
Client/Patient Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Melissa K. Hunter, MA, LPCC Date  
Counselor