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PRIVACY PRACTICES

During the natural course of therapy, you will provide me with personal information about yourself and your life. I understand that this information is personal and I will treat it as such. I am committed to protecting the privacy of your records. This notice describes how information about you, and the things you discuss in therapy, may be used and disclosed, and how you can get access to this information.

Please note that I am required by law to maintain your privacy and the privacy of your protected health information. I am also required to provide you with this notice of privacy practices. I am required to abide by the privacy practices and policies that are outlined in this notice. Please review it carefully.

Uses & Disclosures

Counseling: Information that you provide to me may be used or disclosed to other health care professionals for the purpose of evaluating health, diagnosing medical conditions, and providing treatment. For example, I may disclose information about you to professionals involved in your care (ie. psychiatrist, primary care physician, and other health professionals) so that those professionals may provide appropriate treatment. Note that I cannot talk with other professionals without your written consent.

Payment: Your health information may be disclosed to seek funding for services you receive.

Health Care Operations: Your health care information may be disclosed to support the business operations of my practice. For example, information on the services you receive may be used to support budgeting and financial reporting to ensure quality services.

Law Enforcement: Your health care information may be disclosed to law enforcement if required for various reasons.

Public Health Reporting: Your health care information may be disclosed to public health organizations as required by law. For example, I am required to report certain communicable diseases to the state's public health department.

Appointment Reminders: Your contact information may be disclosed in order to remind you that you have an appointment.

Information About Intervention Strategies: Your health information may be used in order to provide you information on topics of interest, support groups or self-help resources.

Lawsuits, Legal Actions, and Disputes: If you are involved in a legal action or dispute, I may be required or permitted to disclose your health information in response to a court order or subpoena.

Public Health Risks: Your health information may be disclosed to prevent serious threat to your or others' health and safety.

As Required by Law: I will disclose health information about you when required to do so by federal, state or local law.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo and use or disclosure of information that occurred before you notified me of your decision to revoke your authorization.

Individual Rights

Right to Inspect and Copy: You have the right to inspect and copy health care information that I maintain. A request to copy or inspect protected health information must be submitted in writing. Your request will be reviewed and generally accepted unless there are legal or medical reasons to deny the request.

Right to Request Restriction: You have the right to request a restriction on the use and disclosure of your health information.

Right to Confidential Communication: You have the right to receive confidential communication regarding your counseling plan.

Right to Amend: You may amend or submit corrections to your protected health information.

Right to Accounting of Disclosures: You have the right to receive an accounting of how and to whom your protected health information has been disclosed.

Right to a Printed Copy of this Notice: You have the right to a paper copy of this notice.

Complaints

If you would like to submit a comment or complaint about my privacy practices you can contact:

**Christiane Wells
9331 Mountain Brush St
Highlands Ranch, CO 80130**

If you believe that your privacy rights have been violated, you should send a letter describing the cause of your concern. You will not be penalized or otherwise retaliated against for filing a complaint. If I cannot resolve your complaint, you also have the right to send a letter to the U.S. Department of Health and Human Services.

I have read the above Privacy Practices carefully and understand them. I have received a copy for my records.

Client Name (print)

Date

Signature

Responsible Party Name (print)

Date

Signature