

Constance Anne Klein, LCSW  
Tree of Life Psychotherapy LLC  
1705 S. Pearl Street Suite 6  
Denver CO 80210  
720.261.4459

## **NOTICE OF PRIVACY PRACTICES**

**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.**

I, Constance Anne Klein, LCSW, am required by State and Federal law to maintain the privacy of protected health information. In addition, I am required by law to provide clients with this notice of Privacy Practices explaining legal duties and privacy practices with respect to your mental health information and to request that you sign the attached written Acknowledgement that you received a copy of this Notice. This Notice describes how I may use and disclose your protected health information. This Notice also describes your rights regarding your protected health information and how you may exercise your rights.

“Protected Health Information, PHI” is information I have created or received about your physical or mental health condition, the health care I provide to you, or the payment for your health care; and identifies you or could reasonably be used to identify you. It includes your identity, diagnosis, dates of service, treatment plan, and progress in treatment.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your health information may be used and disclosed in the following ways:

**For Treatment:** Your PHI may be used and disclosed in the provision and coordination of your health care. For example, this may include coordinating and managing your health care with other health care professionals. Your PHI may be used and disclosed when I consult with another professional colleague, or if you are referred for medication, or for coverage arrangements in my absence. In any of these instances only information necessary for the task will be provided.

**For Payment:** Your PHI may be used to develop accounts receivable information, to bill you, and, with your consent, to provide information to your insurance company or other third party payer for services provided. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, dates and type of service, and other information about your condition and treatment, but will be limited to the least amount necessary for the purpose of disclosure.

**For Health Care Operations:** Your PHI may be used and disclosed in connection with my health care operations, including quality improvement activities, training programs and obtaining legal services. Only necessary information will be used or disclosed.

**Required or Permitted by Law:** Your PHI may be used or disclosed when I am required or permitted to do so by law or for health care oversight. This includes, but is not limited to: (a) reporting child abuse or neglect; (b) when court ordered to release information; (c) when there is a legal duty to warn or to take action regarding imminent danger to others; (d) when the client is a danger to self or others or gravely disabled; (e) when a coroner is investigating the client's death; or (f) to health oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, or regulatory compliance.

**Contacting the Client:** You may be contacted to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.

**Crimes on the Premises or Observed:** Crimes that are observed by me or any staff associated with Tree of Life Psychotherapy LLC, crimes that are directed toward me or any staff associated with Tree of Life Psychotherapy LLC, or crimes that occur on the premises will be reported to law enforcement.

**Business Associates:** Some of the functions of Constance Anne Klein, LCSW may be provided by contracts with business associates. For example, some of the billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform these services. In those situations, PHI will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the PHI released to them.

**Family Members:** Except for certain minors, incompetent clients or involuntary clients, PHI cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with a client(s), and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of the discussion. However, if the client objects, PHI may not be disclosed.

**Emergencies:** In life threatening emergencies Tree of Life Psychotherapy LLC may disclose information necessary to avoid serious harm or death.

## **USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION OR RELEASE OF INFORMATION**

Except as described above, or as permitted by law, other uses and disclosures of your PHI will be made only with your written authorization to release the information. When you sign a written authorization, you may later revoke the authorization in writing as provided by law. However, that revocation may not be effective for actions already taken under the original

authorization.

Psychotherapy notes and treatment plans are maintained separate from your health record. These notes will be used only by me and disclosure will occur only under these circumstances: (a) you specifically authorize their use or disclosure in a separate written authorization; (b) for training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills; (c) if you bring a legal action and I have to defend myself; and (d) certain limited circumstances defined by law.

### **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI maintained about you. To exercise any of these rights, please submit your request in writing directly to this office.

**Additional Restrictions:** You have the right to request additional restrictions on the use or disclosure of your PHI. However, there are certain limits to any restriction, which will be provided to you at your request.

**Alternative Means of Receiving Confidential Communications:** You have the right to request that you receive communications from me by alternative means or have it sent to an alternate location. For example, you may request that bills and other correspondence be sent to an address other than your home address.

**Access to PHI:** You have the right to inspect and obtain a copy of your PHI in the health and billing records. However, any psychotherapy notes are used by me for clinical purposes and are treated differently. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you.

**Amendment of Your Record:** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information. If I agree that the amendment or correction is appropriate, I will ensure the amendment or correction is attached to the record. If it is determined that the record is accurate and complete as is, you have the right to file a statement of disagreement.

**Accounting Disclosures:** You have the right to receive an accounting of certain disclosures I have made regarding your PHI. However, this accounting does not include disclosures that were made for the purpose of treatment, payment or health care operations. In addition, the accounting does not include disclosures made to you, disclosures authorized by you, or disclosure made prior to April 14, 2003. Other exceptions will be provided to you, should you request an accounting.

**Right to Revoke Consent or Authorization:** You have the right to revoke your consent or authorization to use or disclose your PHI, except for action that has already taken place under your consent or authorization.

**Copy of this Notice:** You have the right to obtain a copy of this Notice upon request.

I am required to abide by the terms of this Notice, or any amended Notice that may follow. I reserve the right to change the terms of this notice and to make new provisions effective for the PHI that it maintains. When changes are made, the revised Notice will be posted at this office and copies will be available upon request.

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with the person designated with Tree of Life Psychotherapy LLC to receive your complaint. You also have the right to file a complaint with the United States Secretary of Health and Human Services at 200 Independence Avenue, SW, Washington, DC 20201 or by calling (202) 619-0257. **It is the policy of Constance Anne Klein, LCSW that there will be no retaliation for filing a complaint.**

The effective date of this Notice is April 14, 2003.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_, acknowledge receiving a complete copy of the Notice of Privacy Practices for Constance Anne Klein, LCSW at Tree of Life Psychotherapy LLC on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Patient/Parent (or personal representative)

\_\_\_\_\_  
Printed Name of Patient/Parent (or personal representative)

----- For Practitioner Use Only -----

I attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining acknowledgement
- Client was incapable of signing
- Other (Specify)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Practitioner

\_\_\_\_\_  
Date