



NOTICE OF PRIVACY POLICY AND HIPAA COMPLIANCE

At the Colorado Anxiety Treatment Center, we pride ourselves in providing excellent client service. As part of our service, we comply with the Health Insurance Portability and Accountability (HIPAA) Act of 1996. This Notice of Privacy Policy and HIPAA Compliance describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully before signing below.

Uses and Disclosures of Your Personal/Health/Medical Information

For Treatment: We may use medical information about you to provide you with treatment or services. *For Payment:* We may use and disclose medical information about you so that the treatment or services you receive may be billed to and payment collected from you, an insurance company or a third party. *As Required By Law:* We will disclose medical information about you when required to do so by federal, state or local law. *For Military and Veterans:* If you are a member of the armed forces, we may release medical information about you as required by military command authorities. *For Worker's Compensation:* We may release medical information about you for worker's compensation or similar programs. *For Lawsuits and Disputes:* If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. *For National Security and Intelligence:* We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Your Rights Regarding Your Personal/Health/Medical Information

Your Right to Inspect and Copy: To inspect and request a copy of your medical information, you must submit your request in writing. *Your Right to Amend:* If you feel the medical information we have about you is incorrect or incomplete, you may request an amendment in writing. Your request may be denied if you do not include a reason to support your request. *Your Right to an Accounting of Disclosures:* You have the right to request in writing, a list accounting for any disclosures of your medical information we have made. *Your Right to Request Restrictions:* You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment or service and collection of payment. *Your Right to Request Communications:* You have the right to request how you are communicated with regarding appointments, reminders, payments, discounts or specials, follow ups with a signed Contact Consent Form (separate form). *Your Rights to a Paper Copy of This Notice:* You have the right to a paper copy of this notice at any time.

Contacting the Privacy Officer

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer: Charles D. Glass, Ph.D. or with the Secretary of the Department of Health and Human Services.

Changes to This Privacy Policy

We reserve the right to revise or amend this Privacy Policy at any time. We will provide you with a notice of any revisions or amendments to this policy or changes in the law affecting this policy, electronically within 60 days of the effective date of revision or amendments.

Contact Consent / HIPAA Release of Confidential Information Authorization Form

If you provide us permission with a signed HIPAA Authorization Form (separate form), we can use or disclose medical information about you. You may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons authorized. You understand that we are unable to take back any disclosures we have already made prior to revocation. As per Colorado law, we are required to retain our records of the care we provided to you for seven (7) years.

I have read and understand the Colorado Anxiety Treatment Center's Notice of Privacy Policy and HIPAA Compliance.

Signature of Patient, Parent or Legal Guardian: _____ Date: _____