HIPAA 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.

Inner Shell Therapy LLC is committed to protecting the privacy of health information maintained withing this practice. This is your Health Information Privacy Notice from Inner Shell Therapy LLC. This notice is solely for your information. In this notice, the terms your “medical information” or your “health information” or your “Personal Health Information” (PHI) mean personal information that identifies you and that relates to your past, present, or future physical or mental health; the provisions of health care services to you; or the payment of health care services provided to you.

This notice provides you with information about the way in which Inner Shell Therapy LLC protects the PHI that we have about you. The Health Insurance Portability and Accountability Act (“HIPAA”) requires Inner Shell Therapy to: keep PHI about you private; provide you this notice of our legal duties and privacy notices with respect to your PHI; and follow the terms of the notice that are currently in effect.

This notice explains how we use your health information and when we can share that information with others. It also informs you of your rights with respect to your health information and how you can exercise those rights.

 **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you get an electronic or paper copy of your medical record.

• You can request to see or obtain an electronic or paper copy of your medical record and other health information we have about you.

• We will provide a copy or a summary of your health information upon request with a reasonable charge, cost-based fee. We will get this PHI to you within 30 days from your request.

 • We will change your documented PHI as appropriate when requested dependent on mistakes or incomplete documents

 • We reserve the right to decline a request for your PHI with written documentation onto why the request was denied within 60 days of the request.

• We will contact you per your requested direction (phone, email, mail).

• You have the right to ask us to restrict how we use or disclose your information for treatment, payment, or health care operations. All requests must be made in writing and state the specific restriction requested. We will try to honor your request, but we are not required to agree to a restriction. You have the right to ask to receive confidential communications of information.

• If you pay privately for your service in full. You can request that information not be share with your insurer unless we are legally obligated to disclose.

• You can request for a detailed list on all of the times your PHI was released and why.

• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy.

• Legal guardians and medical power of attorneys, with appropriate documentation, can exercise your rights and make choices about your health information if you are not physically or mentally able to act on your own.

**Choice in Shared HPI**

In identified situations you have the choice to provide consent to release your information. If you have a clear preference for how we share your information in the situations described below, please identify. In these cases, you have both the right and choice to tell Inner Shell Therapy LLC:

• Share information with your family, close friends, or others involved in your care

 • Share information in a disaster relief situation

 • Include your information in a hospital directory

• If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**Written Permission**

 In these circumstances Inner Shell Therapy LLC never share your information unless you give us written permission:

* Marketing purposes
* Sale of your information
* Most sharing of psychotherapy notes
* In the case of fundraising:
* We may contact you for fundraising efforts, but you can tell us not to contact you again.

There are also state and federal laws that may require or allow us to use or disclose your health information without your authorization. The examples below are provided to describe generally the ways in which we may use or disclose your information.

* To state and federal regulatory agencies
* For public health activities
* To public health agencies if we believe there is a serious health or safety threat
* With a health oversight agency for certain activities such as audits and examinations
* To a court or administrative agency pursuant to a court order, subpoena or search warrant
* For law enforcement purposes
* To a government authority regarding child abuse, neglect, or domestic violence
* With a coroner or medical examiner, for organ procurement, or with a funeral director
* For specialized government functions, such as military activities and national security
* Due to the requirements of state worker compensation laws.
* We can use your health information and share it with other professionals who are treating you. • Example: A doctor treating you for an injury asks another doctor about your overall health condition.
* We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services. Bill for your services:

* We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

* We can use or share health information about you: For workers’ compensation claims o For law enforcement purposes or with a law enforcement official; with health oversight agencies for activities

Plan Sponsor Health information may be disclosed to or used by the State, as plan sponsor. For example, We may disclose to the State, information on whether you are participating in, enrolled in, or dis-enrolled from a group health plan. We may also disclose to the State, as plan sponsor, health information necessary to administer the group health plans.

 For example, the State may need your health information to review denied claims, to audit or monitor the business operations of the group health Plans, or to ensure that the group health Plans are operating effectively and efficiently. We will not use or disclose your health information to the State for any employment related functions.

**Inner Shell Therapy’s Responsibility**

* We are required by law to maintain the privacy and security of your protected health information.
* We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. Notice of HIPAA Privacy Practices Page 4 of 4 •
* We must follow the duties and privacy practices described in this notice and give you a copy of it.
* We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Contacts For further information, to receive a copy of this notice, or if you believe your privacy rights may have been violated and you want to file a complaint, please contact Department of Personnel and Administration’s HIPAA Compliance Officer by U.S. mail or by e-mail, as follows:

HIPAA Compliance Officer

State of Colorado

Department of Personnel and Administration

Division of Human Resources

1313 Sherman Street, First Floor Denver, CO 80203

E-mail: dpahipaacompliance@state.co.us

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint by calling 1- 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/ complaints/. No action will be taken against you for exercising your rights or for filing a complaint.

If HIPAA and the state differ, I will follow whichever regulation is stricter. • Specifically, as per Colorado law, I will not use your information for the following without your written consent: research, coordination of care with other professionals, or otherwise sharing information with people not involved in your care (except in emergencies and when required by state law). • Finally, note that I do not fundraise.

**Changes to This Notice**

We reserve the right to modify this privacy notice and our privacy policies at any time. If We make any modifications, the new terms and policies will apply to all PHI before and after the effective date of the modifications that we maintain. If we make material changes, Inner Shell Therapy LLC will send a new notice to the client. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to the following organizations:



**Niki Froman MSW, LCSW**

**(970) 420-7318**

**nikifroman@innershelltherapy.com**

By signing this form you acknowledge the privacy practices as stated above.

Printed Name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client, Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_