



**NOTICE OF PRIVACY POLICIES AND PRACTICES: COMPLIANCE WITH HIPAA,  
CONFIDENTIALITY OF CLIENT RECORDS, AND DISSEMINATION OF  
INFORMATION**

enCOURAGE Counseling, LLC, is a counseling practice that provides mental health services to individuals, couples, and groups; to include psychotherapy and appraisal/assessment. The practice works to provide the best counseling treatment options to its clients.

Given the nature of our work, it is imperative that I maintain the confidentiality of client information. enCOURAGE Counseling prohibits the release of client information to anyone outside immediate staff, employees, interns, or volunteers within the practice except in limited circumstances. Discussion or disclosure of protected health information (PHI) within the organization is limited to the minimum necessary for performance of professional duties.

Please review this Notice of Privacy Policies and Practices: Compliance with HIPAA, Confidentiality of Client Records, and Dissemination of Information, hereafter abbreviated "Notice of Privacy Policies." It is the policy of enCOURAGE Counseling to fully comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA), General Administrative Requirements and Privacy and Security Rules; ensure the confidentiality of client records during use, storage, and transmission; obtain written authorization regarding means and rationale for clinician-to-client contact; require that the client acknowledge receipt of this document; and provide every enCOURAGE Counseling client a copy of this Notice of Privacy Policies document, which is provided on the enCOURAGE Counseling website ([www.encouragetherapy.com](http://www.encouragetherapy.com)).

Note that enCOURAGE Counseling is required to follow all applicable state statutes and federal regulations, to include Federal Regulation 42 C.F.R. Part 2 and Title 25, Article 4, Part 14 and Title 25, Article 1, Part 1, CRS and HIPAA, 45 C.F.R. Parts 142, 160, 162 and 164 governing testing for and reporting of TB, HIV/AIDS, Hepatitis, and other infectious diseases, and maintaining the confidentiality of PHI.

For the purposes of this document, PHI refers to any information that is created or received by enCOURAGE Counseling which relates to an individual's past, present, or future physical or mental health/condition and related care services; or the past, present, or future payment for the provision of health care to an individual; and specifically identifies the individual, or there is a reasonable basis to believe the information can be used to identify the individual, or any such

information that enCOURAGE Counseling transmits or maintains in any form, to include Psychotherapy Notes. HIPAA and federal law regulate the use and disclosure of PHI when transmitted electronically.

## **Your Rights as a Client**

When it comes to your health information, you have certain rights. This section explains your rights in various areas, and some of my responsibilities to you.

**Obtaining Copies of Records:** You may ask to view or obtain an electronic or paper copy of your mental health record and additional information I may have about you. Once I receive your request, I will normally provide a copy or summary of your health information within 30 days. I may charge a reasonable, cost-based fee for this service.

**Corrections to Records:** You may ask me to correct your health information if you think it is incorrect or incomplete. Note that I may say no to your request, but I will normally provide written justification of our decision in writing within 60 days.

**Confidential Communications:** I ask that you stipulate in writing the method(s) by which enCOURAGE Counseling is authorized to contact you, and the types of communication you agree to receive from enCOURAGE Counseling. For example, you may elect to be contacted only on a mobile phone, but not on a home or work phone. Additionally, you may agree to be contacted regarding the scheduling of appointments, but not homework or billing issues. I have included a Consent for Communication of Protected Health Information by Non-Secure Transmission form at the end of this document for this purpose. On this form, I ask that you opt-in to receive communications electronically; if you choose not to opt-in to receive electronic communications, I will be unable to communicate with you via electronic means, and this will affect my ability to provide therapy services.

**Limitations:** You may ask me to limit the information that I use or share. For example, you may ask me not to use or share certain health information for treatment, payment, or internal enCOURAGE Counseling operations. I will consider your request, but am not required to agree to your request and I may decline your request, particularly if complying would affect my ability to provide client care. If you pay for services or products out of pocket in full, you may ask that I not share information for the purpose of payment with your health insurer. I will ordinarily honor such a request unless a court of law, statute, or ethics code requires me to share that information.

**Sharing of Information:** You may ask for a list (accounting) of the times I have shared your health information, for up to 6 years prior to the date of your request. I will provide information regarding with whom I shared your information, and the reason for sharing. I will include all disclosures of your information, except as related to treatment, payment, and healthcare operations, and certain other disclosures such as those you specifically asked us to make. I agree to provide one accounting per 12-month period at your request, at no cost to you; additional requests within the same 12-month period will incur a reasonable, cost-based fee.

**Obtaining Copies of this Privacy Notice:** You may ask for a paper copy of this notice at any time, even if you have agreed to receive paperwork from enCOURAGE Counseling electronically. I will provide you with a paper copy of this Privacy Notice promptly.

**Choosing Someone to Act on your Behalf:** If you have granted medical power of attorney, or if you have a legal guardian, that individual is legally authorized to exercise your rights and make choices about your health information. Please provide documentation of such arrangements, so I am able to ensure the person has this authority before I allow them take action regarding your care.

**Filing a Complaint:** If you feel your rights have been violated by enCOURAGE Counseling or please contact me directly by sending a letter to 1189 S. Perry ST., Ste. 140, Castle Rock, CO 80104, calling 720-230-3076, or through the website at [encouragetherapy.com](http://encouragetherapy.com). You may file a complaint with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, calling 877-696-6775, or through their Website at [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You may also file a complaint with the Colorado Department of Regulatory Agencies (DORA), Division of Professions and Occupations, Mental Health Section by sending a letter to 1560 Broadway Suite 1350, Denver, CO 80202, calling 303-894-2291, or through their website at <https://apps.colorado.gov/dora/licensing/Activities/Complaint.aspx>. Note that DORA may direct you to file your complaint with HHS, listed above. I will not retaliate against you for filing a complaint.

**Uses and Disclosures of Protected Health Information:** “Use” of PHI occurs within a covered entity, such as consultancy regarding treatment options for a particular client. “Disclosure” of PHI occurs when enCOURAGE Counseling reveals client health information to an outside party such as a treatment provider other than enCOURAGE Counseling, or shares PHI with any third party pursuant to a client’s valid written authorization. You are reminded that HIPAA and federal law regulate the disclosure of PHI by electronic transmissions.

enCOURAGE Counseling may use and disclose PHI, without a client’s written authorization, for several specified purposes. enCOURAGE Counseling may be required to use and/or disclose PHI in order to provide effective client treatment; this may include discussing the provision and coordination of care with other professionals. I may need to use and disclose PHI for the purpose of obtaining payment of fees, to include coordination with healthcare insurers, claims management organizations, and the like. I may also use and disclose PHI in the course of performing health care operations, such as the general administrative activities and operation of the enCOURAGE Counseling practice, resolution of internal grievances, customer service, etc. Use and disclosure for payment and health care operations purposes are subject to the minimum necessary requirement, meaning that enCOURAGE Counseling may only use or disclose the minimum amount of PHI necessary for accomplishing the stated purpose. For example, if use or disclosure is for billing purposes, enCOURAGE Counseling would not disclose a client’s entire mental health record, but only the information necessary to receive reimbursement, such as service codes, dates of service, etc. Use and disclosure for treatment purposes are not subject to the minimum necessary requirement.

enCOURAGE Counseling is required to promptly notify you of any breach that may have compromised the privacy or security of your information.

The confidentiality of client records and substance abuse client records is protected by federal law and regulations. It is a enCOURAGE Counseling policy that each client/patient must complete the attached Authorization for Use or Disclosure of Protected Health Information prior

to disclosing health information for any purpose other than treatment, payment, or health care operations. Absent the above referenced form, enCOURAGE Counseling staff is prohibited from disclosing or using any PHI outside of or within the practice, including disclosing that the client is in treatment, with certain exceptions. enCOURAGE Counseling is permitted and/or required to report or disclose PHI if and when any of the following occur with any enCOURAGE Counseling client:

- Response to lawsuit/legal action, such as a court order, a complaint filed against a enCOURAGE Counseling employee, etc.
- Disclosure to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.
- Public health and safety concerns, such as when a client commits or threatens to commit a crime, either at the practice or against any person who works for the practice; any reports of minor or elderly abuse; a client intends to harm another person, including but not limited to the harm of a child; and/or a client reports suicidal ideation or intent to commit self-harm.
- Response to workers' compensation, law enforcement, and other official government requests.
- Response to organ and tissue donation requests.
- Compliance with other state and/or federal laws and regulations.

The exceptions listed above are subject to several requirements under the Privacy Rule. The Minimum Necessary Requirement states that enCOURAGE Counseling may only use and disclose the minimum amount of PHI necessary for the intended purpose of use and/or disclosure. Federal and state laws and regulations apply; see 45 C.F.R. § 164.512. Before using or disclosing PHI for one of the above exceptions, enCOURAGE Counseling must consult the practice Privacy Officer to ensure compliance with the Privacy Rule. Violation of the federal and state guidelines is a crime, which carries both criminal and monetary penalties. Suspected violation may be reported to the authorities listed above. Know that enCOURAGE Counseling will never market or sell your personal information.

### **Special Authorizations**

Certain categories of information have extra protections under the law, and thus require special written authorization for disclosure:

**Psychotherapy Notes:** Psychotherapy Notes are annotations that I have made as a result of observations and/or conversations during a private, group, joint, or family counseling session. These notes are kept separate from the rest of your record, and are given a greater degree of protection than PHI. enCOURAGE Counseling will obtain a special authorization before releasing your Psychotherapy Notes and related test results.

**HIV Information:** Special legal protections apply to HIV/AIDS related information. enCOURAGE Counseling will obtain your specific written authorization before releasing information related to HIV/AIDS.

**Alcohol and Drug Use Information:** Special legal protections apply to information related to alcohol and drug use and treatment. enCOURAGE Counseling will obtain your specific written authorization before releasing information related to alcohol and/or drug use/treatment.

If you choose to make special authorizations per the paragraph above, you may revoke all such authorizations at any time, provided each revocation is in writing, signed by both you and a witness. You may not revoke an authorization to the extent that (1) your enCOURAGE Counseling therapist has relied on that authorization; or (2) the authorization was a condition of obtaining insurance coverage, as the law provides the insurer the right to contest the claim under the policy.

As a covered entity under the Privacy and Security Rules, enCOURAGE Counseling is required to reasonably safeguard PHI from impermissible use and disclosure. Safeguards may include, but are not limited to, not leaving laboratory results unattended where third parties without a need to know can view them, preventing use or disclosure for non-work purposes or with unauthorized individuals, avoiding discussion with a client about his or her PHI where third parties could possibly overhear, and seeking legal counsel in uncertain situations and/or incidences.

### **Your Choices**

The paragraphs below outline situations for which you have a right to decide what information I share. If you have a clear preference in any of these situations, please speak with me and I will be careful to follow your instructions. I may request that you sign a separate document if you authorize us to share certain PHI; you may revoke that authorization in writing at any time.

You have both the right and choice to tell me to:

- 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 me your preference, for example if you are unconscious, I may share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

I will never share your information for marketing purposes, nor will I sell your information.

**Changes to the Terms of this Notice:** enCOURAGE Counseling may change the terms of this notice, and the changes will apply to all information maintained about you. The new notice will be available upon request, both in my office and on the website.

## **CONSENT FOR COMMUNICATION OF PROTECTED HEALTH INFORMATION BY NON-SECURE TRANSMISSION**

*NOTE: I will review privacy policy during the initial session. Your signature indicates that you have seen the privacy policy and have reviewed it with me. If you need to review the information included, please go to [encouragetherapy.com](http://encouragetherapy.com).*

This form is for the purpose of authorizing communication of Protected Health Information (PHI) by enCOURAGE Counseling, LLC. Once this form is annotated and signed by the client, enCOURAGE Counseling may transmit PHI as indicated below via non-secure means without further written authorization, as described in the enCOURAGE Counseling Notice of Privacy Policies and Practices and Compliance with HIPAA Regarding Confidentiality of Client Records and Dissemination of Information document.

### **Authorization Regarding Means of Transmission**

I, \_\_\_\_\_, authorize enCOURAGE Counseling to communicate my PHI through the following non-secure transmission means. I understand that confidentiality extends to those communications. However, I also understand that enCOURAGE Counseling cannot guarantee that those communications will remain confidential, as there is a risk that our electronic or telephonic communications may be compromised and/or accessed by an unintended third-party.

Please initial your choice(s). I will use contact info provided on notes unless otherwise specified below:

\_\_\_\_\_ Cellular/Mobile Phone (voice and text): \_\_\_\_\_  
\_\_\_\_\_ Unsecured Email: \_\_\_\_\_  
\_\_\_\_\_ I do not wish to have my PHI transmitted electronically

### **Authorization Regarding Content of Transmission**

I, \_\_\_\_\_, hereby consent and authorize enCOURAGE Counseling use and disclose the following PHI by the above designated electronic communication means without further written authorization. (Please initial your choice(s) below.)

\_\_\_\_\_ Information related to scheduling information related to billing and payments.  
\_\_\_\_\_ Information related to your mental health treatment, such as personal materials,  
\_\_\_\_\_ forms, suggested articles, homework, etc.  
\_\_\_\_\_ I do not wish to have my PHI transmitted electronically.

\_\_\_\_\_  
Client/Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

*For more information, see:*

*[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)*