

**Kathleen Chabin, Psy.D.**  
**Licensed Clinical Psychologist**

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This notice describes how private health information (PHI) about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### **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.

1. Request confidential communications • You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will say “yes” to all reasonable requests.
2. Ask us to limit what we use or share • You can ask us not to use or share certain health information for treatment, payment, or our operations. • We are not required to agree to your request, and we may say “no” if it would affect your care. • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. • We will say “yes” unless a law requires us to share that information.
3. Get a list of those with whom we’ve shared information • You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, 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’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
4. Get a copy of this privacy notice • 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 promptly.
5. Choose someone to act for you • If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
6. File a complaint if you feel your rights are violated • You can complain if you feel we have violated your rights by contacting us at the address above. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting • [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). • We will not retaliate against you for filing a complaint.
7. Get an electronic or paper copy of your medical record. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
8. Ask us to correct your medical record • You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. • We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have clear preferences for how we share your information in the situations below, we will follow your wishes. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
  - Share information in a disaster relief situation. 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.

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**How else can we use or share your health information?** We are allowed or required to share your information in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. See [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html) for details. Help with public health and safety issues

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

**Comply with the law/ Respond to lawsuits and legal actions**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
- We can share PHI in response to a court or administrative order, or in response to a subpoena.
- Work with a medical examiner or funeral director. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Share PHI in response to workers’ compensation, law enforcement, and other government requests**

- For workers’ compensation claims
- For law enforcement purposes
- With health oversight agencies
- For special government functions such as military, national security, and presidential protective services

**Our Responsibilities**

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.
- 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. 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).

**Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website. This Notice of Privacy Practices applies to the following organization: Kathleen Chabin, PsyD, PC 6021 S. Syracuse Way, Suite 111 Greenwood Village, Colorado 80111

**Acknowledgment of Receipt of Privacy Notice**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE RECEIVED AN ELECTRONIC COPY OF THE PRIVACY PRACTICES. MY SIGNATURE INDICATES THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE POLICIES CONTAINED IN THIS DOCUMENT.

Patient or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_