



Notice of Psychologists' Policies and Practices to Protect the  
Privacy of Your Health Information

COLORADO NOTICE FORM

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

We may use or disclose your protected health information (PHI), for treatment and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “*PHI*” refers to the information in your health record that could identify you.
- “*Treatment and Health Care Operations*”
  - *Treatment* is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
  - *Health Care Operations* are activities that relate to the performance and operation of Nicoletti-Flater Associates. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within Nicoletti-Flater Associates such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of Nicoletti-Flater Associates such as releasing, transferring, or providing access to information about you to other parties.



## **II. Uses and Disclosures Requiring Authorization**

We may use or disclose PHI outside of treatment or health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment or health care operations, we will obtain an authorization from you before releasing this information. There is a category of information that requires more stringent monitoring than any other. This applies to *Psychotherapy Notes*. These are notes that are made about conversations with a therapist during a private, group, joint, or family counseling session. These notes are kept separate from the rest of your medical record and are given a greater degree of protection than PHI. The Privacy Rule grants rights to health professionals as well as to their clients. The rule lets psychologists and other health providers use their professional judgment in deciding whether to disclose psychotherapy notes to their clients or to others.

You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

## **III. Uses and Disclosures with Neither Consent or Authorization**

We may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* - If we have reasonable cause to know or suspect that a child has been subjected to abuse or neglect, I must immediately report this to the proper authorities.
- *At Risk Adult Abuse* - If we have reasonable cause to believe that an at-risk adult has been mistreated, self-neglected, or financially exploited and is at imminent risk of mistreatment, self-neglect, or financial exploitation, then we may have cause to report this belief to the appropriate authorities.
- *Health Oversight Activities* - If the Colorado State Board of Psychologist Examiners or an authorized professional review committee is reviewing our services, we may disclose PHI to that board or committee.



- *Judicial and Administrative Proceedings* - If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and we will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* - If you communicate to us a serious threat of imminent physical violence against a specific person or persons, we have a duty to notify any person or persons specifically threatened, as well as a duty to notify an appropriate law enforcement agency or by taking other appropriate action. If we believe that you are at imminent risk of inflicting serious harm on yourself, we may disclose information necessary to protect you. In either case, we may disclose information in order to initiate hospitalization.
- *Worker's Compensation* - We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provided benefits for work-related injuries or illness without regard to fault.
- *Law Enforcement Issues* - In accordance with the USA PATRIOT ACT, if a threat to national security is determined, we will comply with federal and state laws requiring us to report your protected health information. We will not be able to inform you that we released this information.

#### **IV. Patient's Rights and Psychologist's Duties**

##### **Patient's Rights:**

- *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of protected health information regarding you. However, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations (For



example, you may not want a family member to know that you are seeing a therapist. On your request, we will send documentation to another address.)

- *Right to Inspect and Copy* - You have the right to inspect or obtain a copy (or both) of PHI in the mental health and billing records used to make decisions about you as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in most cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- *Right to Amend* - You have the right to request an amendment to your PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- *Right to an Accounting* - You generally have the right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process.
- *Right to a Paper Copy* - You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

#### Psychologist's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will notify you of the changes during your next scheduled appointment with your therapist.

#### **V. Questions and Complaints**

For questions and concerns about this notice, contact John Nicoletti, PhD, Co-Founder of Nicoletti-Flater Associates, at (303) 989-1617. If you believe that your privacy rights have



been violated and want to file a complaint with us, send your written complaint to John Nicoletti, PhD, c/o Nicoletti-Flater Associates, 3895 S. Teller St. Suite 310, Lakewood, CO 80235. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Washington, D.C. 20201

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

**I have read the preceding information and understand my rights as a patient.**

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date

If requested, I have received a copy of this form.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date