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HIPPA NOTICE OF PRIVACY PRACTICES: THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO ME.

My Legal Duty: I am committed and legally obligated by federal and state law to maintain the confidentiality and privacy of health information that I create or receive in electronic, written, or verbal form (Protected Health Information or **PHI** that can be used to identify you) and to give you this Notice about my privacy practices and legal duties and your rights concerning PHI. This notice took effect on April 14, 2003 and was revised on September 23, 2013 and will remain in effect until I replace it. I reserve the right to change my privacy practice and this notice's terms at any time in accord with applicable law. If such change is made, it will apply to all PHI that I maintain and the new notice will be posted and available upon request and at my website, www.dr1vk.com. I will let you know promptly if a breach occurs that may compromise the privacy or security of your PHI.

Uses and Disclosures of PHI: I will make a reasonable effort to disclose only the minimum PHI necessary to achieve the following purposes:

1. **Treatment:** This refers to the provision, coordination, or management of your care with other health care professionals, e.g., when you are referred for medication, when I consult with another professional, or to arrange for emergency coverage when I am absent.
2. **Payment:** I use a clearinghouse and secure insurance company websites to bill for insurance-paid services. Such billing includes date of service, type of treatment, and mental health diagnoses. I have a "business associate" contract with the clearinghouse to assure the confidentiality and security of this information.
3. **Health Care Operations:** Sometimes insurance companies request information to manage your care, to authorize services, and to perform quality control and statistical analyses (in which case it is the duty of the company to de-identify your data.) Information may also be shared with my liability insurance company and attorney should I need legal advice related to my practice.
4. **Appointments and Health Related Benefits and Services:** Sometimes I will use unencrypted e-mail or text or call and leave messages to schedule appointments and to check in with you. I may also e-mail information that could be of use to you provided that I do not receive payment for any products or services that I recommend. I cannot assure the confidentiality of these forms of communication and you may ask that they not be used.
5. **Emergencies/Death:** In event of natural disaster, death, medical emergency, or other emergencies, I may contact your family, caregiver, or personal representative and those providing relief. I will seek your consent when possible in these situations and use my best professional judgment if you are not able to give competent consent. In case of death, I may share PHI with an organ procurement organization, coroner, medical examiner or funeral director, and when not expressly prohibited by you, with those providing care or payment for you to the extent that is relevant to such care and payment.
6. **Required by Law:** I must report suspected child and elder abuse or neglect. I also must take action regarding imminent physical danger to identifiable others. When I make such report, I will inform you or your personal representative promptly unless, in my best professional judgment, I believe the notification would place you at risk of harm or would require informing an individual I believe is responsible for the harm. Other legal exceptions to protecting PHI include administrative and court orders or authorizations to disclose, when you are a danger to self or gravely disabled, when certain injuries/disorders/medications can affect public health, when a Coroner is investigating a client's death, and in instances of my being checked for regulatory compliance.

7. **Crimes and National Security:** Crimes directed at me, observed by me, or occurring on the premises will be reported to law enforcement. Under certain circumstances, PHI will be disclosed to authorized federal officials for lawful national security activities and care of Armed forces personnel and to law enforcement and correctional officials who are authorized to obtain the information.

Other than for the above purposes, I will not use or disclose your PHI without your written authorization. If you give such authorization, you may revoke it in writing at any time. Be aware that a revocation will not affect any authorization while it was in effect. Some instances when I will ask for authorization include:

1. **Family, Friends, Others:** Unless you are under 12 years old or have an authorized representative such as legal guardian or someone with medical power of attorney, you must authorize release of PHI to others. Release will be only to the extent necessary for your healthcare or its payment. If persons are present during a discussion with you and it appears that you consent, PHI may be disclosed without authorization unless you object.
2. **Phone and E-mail Use:** You may ask that I not leave messages at certain phone numbers or e-mail you or send mail to you at certain addresses. If you have contacted me by e-mail or phone, I will presume your consent.
3. **Substance abuse treatment:** PHI will only be released with your written permission.

Your Rights Regarding Your PHI

1. **Access:** You may inspect or obtain copies of your PHI and receive or share PHI in a specific way or to a specific location with limited exceptions. You must request access in writing and after discussion with me, and I have 30 days (+ 30 day extension) in which to reply. I will charge a reasonable fee to cover costs for labor, supplies, and postage, and if agreed in advance, the cost of preparing an explanation or summary. My psychotherapy notes will be maintained separate from your PHI and will need specific authorization to be disclosed unless you bring a legal action or in other limited situations defined by law. Access may be restricted if it could harm you or a child or person dependent on your care. If I refuse your request, I will give you my reasons in writing and you may appeal the decision legally or make a complaint with the US Department of Health and Human Services.
2. **Special Privacy Protections:** You may seek in writing restrictions on certain uses and disclosures and I will do my best to honor those unless required to disclose. This can include not letting your insurance company know of sessions paid in full by you out-of-pocket.
3. **Amendment:** You have a right to request in writing that I amend your PHI when you believe it to be incorrect or incomplete, including your reasons and evidence. I have 60 days (with a 30 day extension if I cannot comply by the deadline) in which to act on your request. I may deny your request if I do not have or did not create the information (unless whoever created it is not available to amend it), if you are not permitted to inspect/copy the information at issue, or if the PHI is accurate and complete as is. If I deny your request, I will provide my reasons in writing, and you may submit a written disagreement, and I may in turn prepare a written rebuttal. Information related to any request to amend becomes part of your PHI and can be disclosed.
4. **Disclosures:** You may request in writing an accounting of disclosures of your PHI within the last six years except for disclosures allowed by law or per your written authorization or to a law enforcement agency when such accounting would impede the agency's lawful activity. If you request this accounting more than once in a 12-month period, I may charge you a reasonable, cost-based fee for the additional requests.
5. **Paper copy:** This notice is posted in my waiting room and you may download a copy at www.drlvk.com, but you may also ask for a paper copy at any time.

Complaints: Please let me know if you have any questions/concerns about this notice of Privacy Practices or how I handle your PHI. If you are not satisfied with how I handle your PHI, you may submit a formal complaint to www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf. You will not be penalized in any way for doing so.