

Notice of Privacy Practices + Policies

** indicates a required field*

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. INFORMATION THAT MAY IDENTIFY YOU AND THAT RELATES TO YOUR PAST, PRESENT OR FUTURE MENTAL HEALTH AND RELATED HEALTH CARE SERVICES IS REFERRED TO AS PROTECTED HEALTH INFORMATION.

MY PLEDGE REGARDING YOUR MENTAL HEALTH INFORMATION We understand that information about you and your mental health is confidential. We are committed to protecting the privacy of this information. Each time you receive care from Natalie Cooney, or the associates at Compass Healing Project Co., we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the team at Compass Healing Project Co.. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, written, verbally etc. will be kept confidential. At times we may consult with other clinicians regarding your case. This will be done without disclosing any personal information about you unless you have signed a release of information authorizing us to discuss your case. This notice will tell you about the ways in which we may use and disclose mental health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

OUR RESPONSIBILITY Our primary responsibility is to safeguard your personal health information. We must give you this notice of our privacy practices, and we must follow the terms of the notice that is currently in effect. Changes to this notice: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We may post updates to this notice on the website www.compasshealingproject.com.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU The following categories describe the ways that we use your health information and disclose your health information to persons and entities outside of my practice. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the categories listed below.

WRITTEN CONSENT In compliance with the Federal Health Insurance Portability and Accountability Act (HIPAA), we will obtain, in writing, an Informed Consent when you elect to obtain care from us, Natalie Cooney and any vetted Licensed psychotherapist or Pre-Licensed Associates|Candidate|Interns|Administrative persons on staff at Compass Healing Project. The Informed Consent you have received is necessary to allow us to use your health information and to disclose your health information as appropriate. The Informed Consent remains valid unless revoked in writing. This consent will be used for the following purposes:

TREATMENT We may use and disclose your health information internally in the course of your treatment. If we, and you, wish to provide information outside of our treatment, for your treatment by another health care provider, you will have you to sign an authorization for release of information. We, as a staff and per state regulations, take part in regular, on-going, confidential supervision and consultation together as a team to maintain the highest standard of care on behalf of your treatment.

PAYMENT We may use and disclose your health information in invoices to collect payment from third parties, such as insurance providers or collections when necessary. We may need to obtain prior approval from your insurer and may need to explain to the insurer your need for treatment and the services that will be provided to you. We may use and disclose your personal health information so that we can receive payment for the treatment services provided to you. This is covered in the Counseling Services Contract. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity or understanding utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of personal health information needed for purposes of collection. Any unpaid balances will be sent to collections 30 days after last treatment date. All future scheduled sessions will be canceled with any unpaid session balances. No future sessions will be scheduled until balances are paid in full.

HEALTH CARE OPERATIONS We may use and disclose your health information for our own operations in order to facilitate the function of providing quality care. Health care operations include such activities as: quality assessment and improvement activities; activities designed to improve health or reduce health care costs; protocol development, case management and care coordination; professional review and performance evaluation; training programs including those in which interns learn under supervision; training of non-health care professionals; accreditation, certification, licensing or credentialing activities; review and auditing, including compliance and medical reviews, legal services and compliance programs; business planning and development; business management and general administrative activities.

WITH YOUR SPECIFIC WRITTEN AUTHORIZATION Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, your therapist & the team will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain my records of the care that we provided to you for up to seven years. Some typical disclosures that require your authorization are as follows:

SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION State or Federal law permits us to use or disclose your health information without your consent or authorization for a number of reasons: **Emergencies**—We may disclose sufficient information to address the immediate emergency you are facing. When **Legally Required**, we will disclose your health information when it is required to do so by any Federal, State or local law.

REPORT ABUSE OR NEGLECT We are mandatory reporters to notify government authorities if there is reason to believe a someone (a minor or elderly) is the victim of abuse, and or neglect. We may disclose health information about you related to the suspicion of child and or elder abuse or neglect. We will make this disclosure only when specifically required or authorized by law.

JUDICIAL OR ADMINISTRATIVE PROCEEDINGS We may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when we make reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

SERIOUS THREAT TO SAFETY We may, consistent with applicable law and ethical standards of conduct, disclose your health information if, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

SPECIFIED GOVERNMENT FUNCTIONS In certain circumstances, the Federal regulations authorize us to use or disclose your health information to facilitate specified government functions relating to national security and intelligence activities.

YOUR HEALTH INFORMATION RIGHTS Although your health record is our physical property, the information belongs to you.
You have the right to:

REQUEST A RESTRICTION ON CERTAIN USES AND DISCLOSURES OF YOUR INFORMATION. You may request in writing, restrictions on certain uses and disclosures of your health information. However, if our system capabilities will not allow us to comply with your request, we are not required to. You have the right to request a limit on my disclosure of your health information to someone who is involved in your care or the payment of your care.

REQUEST CONFIDENTIAL COMMUNICATIONS. You have the right to request that we communicate with you about medical matters in a certain way. For example, you may ask that we conduct communications pertaining to your health information only with you privately, with no other family members present. We will not request that you provide any reasons for your request and will attempt to honor your reasonable request for confidential communications.

INSPECT AND COPY YOUR HEALTH INFORMATION. You have a right to inspect and copy your health information, including billing records. You must submit your request in writing and we may charge a reasonable fee for copying and assembling costs associated with your request. We may deny your request under very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another health care professional. We will abide by the outcome of that review.

AMEND HEALTH CARE INFORMATION. If you or your representative believes that your health information records are incorrect or incomplete, you may request that we amend the records. That request may be made as long as the information is maintained by us. We may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if your health information records were not created by us, if the records you are requesting are not part of my records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or, if in our opinion, the records containing your health information are accurate and complete. Please note that even if we accept your request, we are not required to delete any information from your health record.

AN ACCOUNTING OF DISCLOSURES OF YOUR HEALTH INFORMATION. You or your representative have the right to request an accounting of disclosures of your health information made by me for any reason other than for treatment, payment or health operations. The request should specify the time period for the accounting. Accounting requests may not be made for periods of time in excess of six years. We would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

A PAPER COPY OF THIS NOTICE. You or your representative have a right to a separate paper copy of this notice at any time even if you or your representative have received this notice previously. You or your representative may also obtain a copy of the current version of my Privacy Policy Notices at www.compasshealingproject.com or in our session location.

REVOKE YOUR AUTHORIZATION. You or your representative have a right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Make complaints about any aspect of our services to the state and/or to the Department of Health and Human Services of the United States. Complaints about this notice or how we handle your health information should be directed in writing to: Natalie Cooney, PO BOX 242, GOLDEN, COLORADO 80401. There will be no retaliation for filing a complaint and you may expect an investigation and explanation. You may also submit a formal complaint in writing to the Board of Behavior Sciences, DORA, and the Secretary of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201.

If you are the parent or legal guardian of a minor, please note that certain portions of the minor's mental health record will not be accessible to you.

We do not have a secure system for receiving email or text messages. If you do send an email, know that this information is not encrypted and could be accessed by a suspicious entity. To insure that all communication is confidential communicate by phone with your clinician in session. Your clinician has a right to preferred means of contact. All clinicians at Compass Healing Project are advised to correspond only during working hours 9-5pm MT. All clinicians at Compass Healing Project are advised to document any text or email into your formal record and are advised to not correspond via text or email unless an agreement about the appropriate use of those services per clinician preference.

If you have any questions about this notice, please contact Natalie Cooney at 760-456-7713 or visit the web site at www.compasshealingproject.com for any up dated information.

*** I have read and understand Compass Healing Project Co.'s policies and privacy procedures and agree to the terms outlined above regarding privacy practices and company policies.** _____

I consent to sharing information provided here.