

HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Your health information is personal and Growth and Transitions Mental Health Counseling and Consultation is committed to protecting it.

As used in this Notice, the words “we,” “our,” and “us” collectively refer to Growth and Transitions Mental Health Counseling and Consultation when acting as a covered entity and provides health care to you.

Growth and Transitions¹ uses and discloses health information about you for treatment, to obtain payment for treatment, and for administrative purposes, to evaluate the quality of care you receive, and for the purposes permitted by HIPAA. We are required by law to maintain the privacy of protected health information and provide you notice of our legal duties and privacy practices with respect to protected health information and to provide you with notice of a breach of your protected health information. “Protected health information” is information about you including: demographic information, that may identify you that relates to your past, present or future physical or mental health or condition and related healthcare services or payment of healthcare services.

This Notice applies to all records involving your care that are created and/or maintained by Growth and Transitions Mental Health Counseling. Your protected health information is contained in a medical record that is the physical property of Growth and Transitions Mental Health Counseling and Growth and Transitions Mental Health Counseling is required to abide by the terms of this Notice.

This Notice was published and became effective on December 1, 2022. We reserve the right to change or edit our privacy practices, as reflected by this Notice, to revise this Notice, and to make provisions effective for all protected health information it maintains. Revised Notices will be available per request.

If you are a patient insured by the United States Department of Veteran Affairs or in Domestic Violence Offender Treatment, we may be subject to restrictions regarding the use and disclosure of your protected health information other than set forth in this Notice.

Uses and Disclosures of Protected Health Information for Treatment, Payment, or Operations

We may use or disclose your protected health information for treatment, payment and healthcare operations as described in this section without authorization from you. Your protected health information be used and disclosed by your provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected health information may also be used and disclosed to pay your healthcare bills and to support the operation of Growth and Transitions Mental Health Counseling.

¹ “Growth and Transitions” includes Growth and Transitions Mental Health Counseling, Growth and Transitions Mental Health Counseling and Consultation and CK Counseling Services LLC.

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Some examples of how your information might be shared for treatment, payment or operations are listed here. This is not an exhaustive list and intended to describe the types of disclosures and uses within Growth and Transitions Mental Health Counseling. For disclosures pertaining to treatment within Growth and Transitions Mental Health Counseling it may be coordination, management or consultation for treatment and/or diagnosis. We may request a release of information to consult or coordinate with other healthcare providers. Your protected health information may be used to obtain or provide payment for you healthcare services. This may include billing health insurance plans, eligibility or coverage information, and justifying medical necessity for treatment to insurance providers. We may use a third-party payor for credit card transactions or contract with other professionals for services. In operations we may disclose your protected health information for quality assessment, competence or qualification reviews of professionals, compliance for providers and administrative associates. Growth and Transitions Mental Health Counseling may use and disclose your information to provide appointment reminders, leave a message, or leave a message with an individual who answers the phone at your residence.

Growth and Transitions Mental Health Counseling complies with Colorado and Federal regulations in regard to the destruction of records, specifically: will keep records for 7 years; a person who is less than 23 years of age may not have their records destroyed.

There may be times when protected health information is disclosed to individuals, such as friends or family, who are involved with your care or who help pay for your care. We may do this if you tell us we can or do not object to it. There may also be circumstances when we can assume, based on professional judgment, that you would not object. For example, we may assume you agree to our disclosure of your information to your spouse if they come with you to session or are in partnership counseling.

Other Permitted Uses and Disclosures of Protected Health Information

We may use or disclose your protected health information without your permission in the following circumstances, subject to all applicable legal requirements and limitations: as required my law; to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products; audits, investigations, inspections, licensing purposes or as necessary for government agencies in compliance with civil right laws; in response to subpoena or court order; in response to court order, subpoena, warrant, summons or similar process, if asked to do so by law enforcement; to a coroner or medical examiner, or to a funeral director; research under limited circumstances that have been approved as research; if there is a threat to self, other, or organization, or to locate, identify, or notify your family members or persons responsible for you in a disaster relief effort; as required by military command or government authority; to federal officials for intelligence, counterintelligence, and other national security activities authorized by law; workers' compensation for injury; if you are an inmate, as needed for the institution to provide you with health care and protect self, others and institution. Growth and Transitions Mental Health Counseling's priority is protecting your information and will most likely require appropriate Release of Information for such disclosures.

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Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Growth and Transitions Mental Health Counseling may use or disclose your protected health information with your written authorization. Except as otherwise noted in this Notice, we will not use or disclose your protected health information without your written authorization. You may revoke any authorizations at any time, with the exception of Offender Treatment and to the extent Growth and Transitions Mental Health Counseling has already relied on the authorization and taken actions. Examples of what would need written authorization are: marketing activities, disclosure of substance use disorder records (unless an exception applies), most uses and disclosures of psychotherapy notes.

Federal and state laws may require authorization from you before we can disclose specifically protected health information. Special protections which additional authorization may or may not be needed include mental health, HIV/AIDS, reproductive health, sexually transmitted or other communicable diseases, and alcohol or drug use disorder. We may limit disclosure of specially protected health information even with authorization.

Notice Regarding Confidentiality of Substance Use Disorder Patient Records

For clients engaged in substance use disorder treatment, generally, we may not tell a person outside of Growth and Transitions Mental Health Counseling that you are receiving services from use or disclose any information identifying you as a person that has or had a substance use disorder unless: you have signed Release of Information, disclosure is made within agency for treatment or consultation purposes, a court order, or to a medical personnel in a bona fide medical emergency or to qualified personnel for certain research, audit, or program evaluation.

Federal law does not protect any information about a crime you commit or threaten to commit at any Growth and Transitions Mental Health Counseling location or against any person who works for Growth and Transitions Mental Health Counseling. Federal law does not protect information about suspected child abuse or neglect required by state law to be reported.

Violation by Growth and Transitions Mental Health Counseling of the federal law and regulations is a crime.

Suspected violations by an opioid treatment program may be reported to the Substance Use and Mental Health Services Administration (SAMHSA), Opioid Treatment Program Compliance Office by phone at 204-276-2700 or online at OTP-Extranet@opioid.samhsa.gov.

Your Rights

You have the following rights regarding your health information. To exercise any of these rights below please contact cmccubbinlpclac@gmail.com.

You have the right to:

Inspect and obtain a copy of your protected health information in your medical record, including medical and billing records and any other records that your provider and the practice use for

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making decisions about you. We may charge you for the cost of copying, mailing, or associated supplies. Under federal law, however, you may not inspect or copy certain records, including: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have the decision reviewed.

You can request to restrict disclosure of protected health information for the purposes of treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care, or for the notification purposes as described in this Notice. Growth and Transitions Mental Health Counseling is not required to agree to a restriction that you may request to payors, such as insurance, unless you are willing to pay out of pocket for services rendered.

You can request to receive confidential communication from us by alternative means; you can request to amend your protected health information. In some cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. You can receive an accounting of certain disclosures, if any, for purposes other than treatment, payment or healthcare operations as described in this Notice. You have the right to receive specific information regarding these disclosures that occurred in the six years prior to the date of your request. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have right to obtain a paper copy of this Notice upon request and in a timely manner. In order to obtain a copy of this Notice please email cmccubbinpclac@gmail.com. The Notice may also be available on the website.*****

Complaints

You may complain to us or to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us at cmccubbinpclac@gmail.com. We will retaliate against you for filing a complaint. Growth and Transitions Mental Health Counseling and consultation will not retaliate against you for requesting access to your medical records, Notice of Privacy Practices or any other HIPAA related documents. We will not retaliate against you for filing or making us aware of any HIPAA complaints or grievances.

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If you have any questions or complaints about this notice or our privacy practices please contact:

Growth and Transitions Mental Health Counseling and Consultation
Crystal McCubbin
11409 Business Park Cir Suite 203C
Firestone, CO. 80504
Phone: 719-924-5549*****
Email: cmccubbinlpclac@gmail.com

I acknowledge that I have received, reviewed, and understand Growth and Transitions Mental Health Counseling's HIPAA Notice of Privacy Practices.

Name:

Date:

Signature:

Relationship:

Name and relationship of Patient Representative, if applicable: