

George Laws Social Work Services LLC

Licensed Clinical Social Worker

EMDR Practitioner

Somatic Experiencing Practitioner

NOTICE OF PRIVACY PRACTICES

(Meeting HIPAA Requirements)

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

(Effective date of compliance April 14, 2003 to present.)

As a Licensed Clinical Social Worker, I am required by HIPAA to provide a document that explains my policies related to the use and disclosure of a client's protected healthcare information (PHI).

"Use and disclosure of protected health information is for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information", for the purposes explained below:

TREATMENT Use and disclose health information to:

- Provide, manage or coordinate care Consultants
- Referral sources.
- "Use" applies only to activities within my office, clinic, practice group and occurs as sharing, using, examining analyzing and employing information that identifies you.
- "Disclosure" applies to activities outside of my office, clinic practice group and occurs when transferring, releasing, or providing access to information that identifies you.

PAYMENT Use and disclose health information to:

- Verify insurance and coverage
- Process claims and collect fees.

HEALTHCARE OPERATIONS Use and disclose health information for:

- Review of treatment procedures
- Review of business activities
- Certification • Staff training
- Compliance and licensing activities.

OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT

- Mandated reporting
- Emergencies
- Criminal damage
- Appointment scheduling
- Treatment alternatives
- As required by law.

YOUR RIGHTS AS A CLIENT/PATIENT:
You have rights under state and federal law.

Right to request where we contact you

- Home - yes or no (Please circle either yes or no).
- Work - yes or no (Please circle either yes or no).
- Cell phone- yes or no (Please circle either yes or no).
- If not, how may we contact you? _____

Right to release your medical records

- Written authorization to release records to others
- Right to revoke release in writing
- Revocation is not valid to the extent that you have acted in reliance on such previous authorization.

Right to inspect and copy your medical billing records

- Right to inspect and copy records
- Practitioner may deny this request
- Charges for copying, mailing, etc.

Right to add information or amend your medical records

- May request to amend record
- Number of days to decide
- May deny the request
- If denied, right to file disagreement statement
- Disagreement state and your response will be filled in the record
- Amendment request must be in writing

Right to Accounting of disclosures

- For a six-year period beginning with date of practitioner's compliance
- Exceptions:
 - Disclosure for treatment, payment or healthcare operations
 - Disclosures pursuant to a signed release
 - Disclosure made to client
 - Disclosures for national security or law enforcement

Right to request restrictions on uses and disclosures of your healthcare information

- Must be in writing
- Practitioner is not obligated to agree

Right to complain

- Please contact me first
- If not satisfied, right to complain to the U.S. Dept. of Health and Human Services
- No retaliation

Right to receive changes in policy

- May request any future changes
- Request to privacy officer

IT IS MY DUTY TO INFORM YOU:

- about methods of service, therapy, the techniques used, the duration of service, if known, and the fee structure.
- that this is a professional relationship, sexual intimacy is never appropriate and should be reported to the grievance board.
- that you may seek a second opinion from another professional or may terminate service at any time.

The Colorado State Department of Regulatory Agencies regulates the practice of both licensed and unlicensed persons in the fields of health, education and welfare. Any questions, concerns or complaints regarding these practices may be directed to the State Board listed below.

Colorado State Grievance Board
1560 Broadway, Suite 1340
Denver, Colorado 80202
Telephone: (303) 894-7766

Mutual Declaration

I have been informed of my practitioner's degrees, credentials, and license and, have read this Notice of Privacy Practices and Client Rights and, received a copy of the signed and dated document.

(print your name)

(print your name)

Client Signature Date

Client Signature Date

In this Notice of Privacy Practices and Client Rights I, George Laws LCSW, as a mental health practitioner, have informed the above client(s) of my professional credentials, privacy policies, their rights under state and federal law, provided to them a copy of this notice and retain a copy of signed document.

*GEORGE LAWS MSW, LCSW, SEP, EMDR
George Laws Social Work Services LLC*

Date