

## **NOTICE OF PRIVACY PRACTICES**

### **Craig Winsor, MA, LPC**

Licensed Professional Counselor

Telehealth Practice Only

Phone: 720.295.5514

### **THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (“Notice”) describes how protected health information about you may be used and disclosed, and how you can access this information. This Notice applies to all records of your care created or maintained by Craig Winsor, MA, LPC.

**Effective Date:** [INSERT DATE]

### **I. MY PLEDGE REGARDING YOUR HEALTH INFORMATION**

I understand that information about you and your mental health care is personal and sensitive. I am committed to protecting your health information. I create and maintain records of the care and services you receive in order to provide quality treatment and to comply with legal requirements.

I am required by law to:

- Maintain the privacy of your protected health information (“PHI”)
- Provide you with this Notice of my legal duties and privacy practices
- Follow the terms of the Notice currently in effect

I reserve the right to change the terms of this Notice. Any changes will apply to all PHI I maintain. An updated Notice will be available upon request and, if applicable, on my website.

### **II. HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

#### **1. For Treatment, Payment, and Health Care Operations**

Federal and state privacy laws allow health care providers to use or disclose PHI without written authorization for purposes of treatment, payment, and health care operations.

Examples include:

- Providing, coordinating, or managing your mental health treatment
- Consulting with other licensed health care providers when clinically appropriate
- Scheduling appointments and sending reminders
- Billing and collecting payment for services
- Maintaining business and administrative operations

Disclosures for treatment purposes are not limited to the minimum necessary standard, as full access to relevant information may be required to provide quality care.

## **2. Telehealth Services**

Because services are provided via telehealth, PHI may be transmitted electronically using HIPAA-compliant platforms. While reasonable safeguards are in place, no electronic communication system is entirely risk-free.

## **III. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

### **1. Psychotherapy Notes**

I do maintain psychotherapy notes as defined by federal law. These notes are kept separate from your medical record and will not be disclosed without your written authorization, except as permitted by law, including:

- For my own treatment of you
- For training or supervision of mental health professionals
- To defend myself in a legal proceeding initiated by you
- When required by law or health oversight agencies
- To prevent a serious and imminent threat to health or safety

### **2. Marketing**

I will not use or disclose your PHI for marketing purposes without your written authorization. This includes testimonials or reviews that could identify you as a client.

### **3. Sale of PHI**

I do not sell your PHI.

#### **IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION**

Subject to legal limitations, I may use or disclose PHI without your authorization for the following purposes:

- When required by federal or Colorado state law
  - To report suspected abuse or neglect of children, elders, or dependent adults
  - To prevent or lessen a serious threat to your health or safety or the safety of others
  - For health oversight activities, audits, or investigations
  - For judicial or administrative proceedings, such as responding to a court order or subpoena
  - For law enforcement purposes as required by law
  - To coroners or medical examiners as authorized by law
  - For workers' compensation claims
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#### **V. DISCLOSURES WITH OPPORTUNITY TO OBJECT**

You may agree or object to certain disclosures of your PHI to family members, friends, or others involved in your care or payment for care. In emergency situations or when you are unable to object, I may use professional judgment to make such disclosures if they are in your best interest.

#### **VI. YOUR RIGHTS REGARDING YOUR PHI**

You have the right to:

1. **Request Restrictions** on certain uses or disclosures of your PHI (I am not required to agree in all cases)
2. **Request Confidential Communications**, such as specific methods or locations of contact
3. **Inspect and Obtain Copies** of your medical record, with limited exceptions
4. **Request Amendments** to your PHI if you believe it is inaccurate or incomplete

5. **Receive an Accounting of Disclosures** made outside of treatment, payment, or health care operations
6. **Receive a Paper or Electronic Copy** of this Notice
7. **Revoke an Authorization** at any time, in writing
8. **Choose a Personal Representative** to act on your behalf
9. **File a Complaint** if you believe your privacy rights have been violated

## **VII. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with me directly:

**Craig Winsor, MA, LPC**

Phone: 720.295.5514

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. I will not retaliate against you for filing a complaint.

## **VIII. NO PRESCRIBING AUTHORITY**

Craig Winsor, MA, LPC is a licensed mental health professional and does not prescribe medication. Medication management services are not provided as part of this practice.