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Notice of Privacy Practices

Purpose

The purpose of this document is to inform you about how psychological and medication information about you may be used and how you can get access to this information. Please review this document carefully.

Protecting Your Health Information

Louis Hoffman, PhD is committed to protecting the privacy of your personal and health information. Knowing that your information is protected is an important aspect of the therapeutic relationship. New Federal law requires that Louis Hoffman, PhD provide you with an official notice of privacy practices. Various State and Federal Laws require that your personal and health information are protected. This document explains Louis Hoffman, PhD's privacy practices, legal duties, and your rights concerning your personal and health information. "Health information" in this document refers to information regarding your health care treatment including name, age, address, income or other financial information, and all treatment records. Louis Hoffman, PhD along with any employees who may work for the Louis Hoffman, PhD follow the privacy practices described in this document. Louis Hoffman, PhD reserves the right to make amendments to this policy as needed or required by law. Clients may request an update of this information at any time. If any information in this document is unclear, please speak with Dr. Louis Hoffman for clarification.

How Your Health Information is Protected

Your health information is protected in many ways including but not limited to:

- Treating all treatment information collected through treatment as confidential. This includes any treatment notes, reports, documents signed by the client, or information gathered pertaining to your treatment.
- Anyone who is employed by Louis Hoffman, PhD who has access to your records will be trained regarding privacy policies, including consequences on not following privacy policies. Any employees will be trained regarding privacy policies prior to having access to any clinical files.
- Only Louis Hoffman, PhD and employees who need access to your health information for treatment or payment reasons will have access to your records.
- Maintaining physical, electronic, and procedural safeguards that are in compliance with federal and state regulations guarding your health information.

Uses and Disclosure for Treatment, Payment and Health Care Operations

Louis Hoffman, PhD or his employees may use or disclose your protected health information, for treatment, payment, and health care operations purposes, as long as you consent to receive evaluation or treatment services from the clinic. To help clarify these terms, here are some definitions:

- **Treatment, Payment, and Health Care Operations.** Treatment is when a clinician provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when a clinician consults with another health care provider, such as your family physician. Payment is when a clinician obtains reimbursement for your healthcare. Examples of payment are when your therapist discloses your protected health information to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. Health Care Operations are activities that relate to the performance and operation of the Clinic. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within the Psychology Clinic such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of the Clinic, such as releasing, transferring, or providing access to information about you to other parties.

Use and Disclosure Requiring Authorization

Louis Hoffman, PhD may use or disclose personal health information for purposes outside treatment, payment, or healthcare operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when Louis Hoffman, PhD is asked for information for purposes outside of treatment, payment or healthcare operations, he will obtain an authorization from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) the clinic has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization

Louis Hoffman, PhD may use or disclose private health information without your consent or authorization in particular circumstances. Should any of these situations should arise during treatment, Louis Hoffman, PhD will discuss these issues with you. The circumstances include:

- **Abuse** – If he has reason to believe that a minor child, elderly person or disabled person has been abused, abandoned, or neglected, he must report this concern or

observations related to these conditions or circumstances to the appropriate authorities.

- Health Oversight Activities – If the Colorado Board of Psychological Examiners is investigating a clinician that you have filed a formal complaint against, Louis Hoffman, PhD may be required to disclose protected health information regarding your case.
- Judicial and Administrative Proceedings as Required – If you are involved in a court proceeding and a court subpoenas information about the professional services provided you and/or the records thereof, Louis Hoffman, PhD may be compelled to provide the information. Although courts have recognized a therapist-patient privilege, there may be circumstances in which a court would order Dr. Hoffman to disclose personal health or treatment information. Louis Hoffman, PhD will not release information without your written authorization, or that of your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party (e.g. Law enforcement agency or Social Security) or where the evaluation is court ordered.
- Serious Threat to Health or Safety – If you communicate to Dr. Louis Hoffman an explicit threat of imminent serious physical harm or death to identifiable victim(s), and he believes you may act on the threat, he has a legal duty to take the appropriate measures to prevent harm to that person(s) including disclosing information to the police and warning the victim. If he has reason to believe that you present a serious risk of physical harm or death to yourself, he may need to disclose information in order to protect you. In both cases, Dr. Hoffman will only disclose what he believes is the minimum amount of information necessary.
- Worker’s Compensation – Louis Hoffman, PhD may disclose protected health information regarding you as authorized by, and to the extent necessary, to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- National Security- Louis Hoffman, PhD may be required to disclose to military authorities the health information of Armed Forces personnel under certain circumstances. He may be required to disclose to authorize federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. He may be required to disclose health information to a correctional institution or law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.

Patient Rights

As a patient, your patient rights include:

- Rights to Request Restrictions – You have the right to request additional restrictions on certain uses and disclosures of protected health information. Louis Hoffman, PhD may not be able to accept your request, but if he does, he will uphold the restriction unless it is an emergency.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential

communications of personal health information by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen at the Clinic. On your request, Louis Hoffman, PhD will send your bills to another address.)

- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of your clinic health records. A reasonable fee may be charged for copying or, if necessary, redacting the record. Access to your records may be limited or denied under certain circumstances, but in most cases you have a right to request a review of that decision. On your request, Dr. Hoffman will discuss with you the details of the request and denial process.
- **Right to Amend** - You have the right to request in writing an amendment of your health information for as long as personal health records are maintained. The request must identify which information is incorrect and include an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be provided to you. You may also make a statement disagreeing with the denial that will be added to the information of the original request. If your original request is approved, Louis Hoffman, PhD will make a reasonable effort to include the amended information in future disclosures. Amending a record does not mean that any portion of your health information will be deleted.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of personal health information. If your health information is disclosed for any reason other than treatment, payment, or operation, you have the right to an accounting for each disclosure of the previous six (6) years. The accounting will include the date, name of person or entity, description of the information disclosed, the reason for disclosure, and other applicable information. If more than one (1) accounting is requested in a twelve (12) month period, a reasonable fee may be charged.
- **Electronic versus Paper Copy** – If you received this notice electronically (e.g., accessing a website), you have the right to obtain a paper copy of the notice from Louis Hoffman, PhD upon request.

Psychologist Duties:

- Louis Hoffman, PhD voluntarily maintains the privacy of personal health information and provides you with a notice of the legal duties and privacy practices in this document
- Louis Hoffman, PhD reserves the right to change the privacy policies and practices described in this notice. Unless Louis Hoffman, PhD notifies you of such changes, however, he is required to abide by the terms currently in effect. Should changes be made you will be asked to sign and updated form regarding changes in the privacy policy. Generally, privacy practices are only changed should they be required by changes in laws regarding privacy.

Questions and Complaints

For questions regarding this notice or Louis Hoffman, PhD privacy practices, please contact Dr. Louis Hoffman. If you are concerned that your privacy rights may have been violated,

you may contact Dr. Hoffman or consult with another psychologist (Louis Hoffman, PhD will make referrals upon request). You may also make a written complaint to the U.S. Department of Health and Human Services whose address can be provided upon request. If you choose to make a complaint regarding privacy practices against Dr. Hoffman, or Louis Hoffman, PhD directly or with the U.S. Department of Health and Human Services, you will not be penalized or discriminated against in any manner.

Updates to this Policy

Dr. Hoffman maintains a current copy of this form, including any updates, on his website at www.drlouishoffman.com.