

**NOTICE OF PRIVACY PRACTICES**  
**OF**  
**Caitlin Kozicki, PLLC**

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

Effective October 1, 2005, Updated April 2016

If you have any questions or requests about this Notice, please contact Caitlin Kozicki, PLLC at 303-957-6504. A copy of this Notice is available at Caitlin Kozicki, PLLC's office and on its website.

My Practice is required by State and Federal law to maintain the privacy of protected health information. In addition, the Practice is required by law to provide clients with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to your mental health information, and to request that you sign the attached written acknowledgement that you received a copy of this Notice. This Notice describes how the Practice may use and disclose your protected health information. This Notice also describes your rights regarding your protected health information and how you may exercise your rights.

Protected Health Information, or PHI, is information the Practice has created or received about your past, present, or future physical or mental health condition, the health care we provide to you, or the past, present, or future payment for your health care; and identifies you or could be reasonably used to identify you. It includes your identity, diagnosis, dates of service, treatment plan, and progress in treatment.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

A use of PHI occurs *within* a covered entity (i.e., discussions among staff regarding treatment). A disclosure of PHI occurs when we reveal PHI to an outside party (i.e., We provide another treatment provider with PHI, or share PHI with a third party pursuant to a client's valid written authorization).

**Permissible Uses and Disclosures Not Requiring Your Written Authorization** Your mental health information may be used and disclosed in the following ways.

- \* **Treatment:** Your mental health information may be used and disclosed in the provision and coordination of your healthcare. For example, this may include coordinating and managing your health care with other health care professionals. Your mental health information may be used and disclosed when I consult with another professional colleague, or if you are referred for medication, or for coverage arrangements during my absence. In any of these instances only information necessary to complete the task will be provided. This may also include sending appointment reminders or information about treatment alternatives or other health-related benefits and services.
- \* **Payment:** Your mental health care information will be used to develop accounts receivable information, to bill you, and with your consent to provide information to your insurance company or other third party payer for services provided. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, dates and type of service, and other information about your condition and treatment, but will be limited to the least amount necessary for the purposes of the disclosure. This also includes making a determination of eligibility or coverage, processing claims with your insurance company, or reviewing services provided to you to determine medical necessity.

- \* **Health Care Operations:** Your mental health information may be used and disclosed in connection with our health care operations, including quality improvement activities, training programs and obtaining legal services. Only necessary information will be used or disclosed.
- \* **Required or Permitted by Law:** Your mental health care information may be used or disclosed when I am required or permitted to do so by law or for health care oversight. This includes, but is not limited to: (a) reporting child abuse or neglect and abuse or exploitation of at-risk elders; (b) when court ordered to release information; (c) when there is a legal duty to warn or to take action regarding imminent danger to others, including those identifiable by their specific association or location; (d) when the client is a danger to self or others or gravely disabled; (e) when a coroner is investigating the client's death; (f) to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, or regulatory compliance; (g) Disclosure to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; (h) Address workers' compensation, law enforcement, and other government requests; or (i) respond to organ and tissue donation requests.
- \* **Contacting the Client:** You may be contacted to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.
- \* **Crimes on the premises or observed by the provider:** Crimes that are observed by the therapist or the therapist's staff, crimes that are directed toward the therapist or the therapist's staff, or crimes that occur on the premises will be reported to law enforcement.
- \* **Business Associates:** Some of the functions of the practice may be provided by contracts with business associates. For example, some of the billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.
- \* **Involuntary Clients:** Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers and others, as necessary to provide the care and management coordination needed.
- \* **Family Members:** Except for certain minors, incompetent client, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of the discussion. However, if the client objects in this situation, protected health information will not be disclosed.
- \* **Emergencies:** In life threatening emergencies, the practice will disclose information necessary to avoid serious harm or death.

There may or may not be other, limited instances that may require or permit the disclosure of PHI without an authorization in certain circumstances. Please refer to my Disclosure Statement required by Colorado law, specifically, C.R.S. §12-43-214, for additional information.

The above exceptions are subject to several requirements under the Privacy Rule, including the minimum necessary requirement and applicable federal and state laws and regulations. 45 C.F.R. § 164.512. Before using or disclosing PHI for one of the above exceptions, I will ensure compliance with the Privacy Rule. Violation of these federal and state guidelines is a crime carrying both criminal and monetary penalties. Suspected violations may be reported to appropriate authorities, as listed above in the "Client Rights" section, in accordance with federal and state regulations. Know that I will never market or sell your personal information without your permission.

### **Uses and Disclosures Requiring Your Written Authorization or Release of Information**

Except as described above, or as permitted or required by law, other uses and disclosures of your mental health information will be made only with your written authorization to release the information. When you sign a written authorization, you may later revoke the authorization in writing as provided by law. However, that revocation may not be effective for actions already taken under the original authorization; or if the authorization was obtained as a condition of obtaining insurance coverage, the law provides the insurer the right to contest the claim under the policy.

- \* **Psychotherapy Notes:** Psychotherapy notes are maintained separate from your mental health record. These notes will be used only by your therapist and disclosure will occur only under these circumstances: (a) you specifically authorize their use or disclosure in a separate written authorization; or (b) the therapist who wrote the notes uses them for your treatment; or (c) they may be used for training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills; or (d) if you bring a legal action and we have to defend ourselves; and (e) certain limited circumstances defined or as provided by the law.
- \* *HIV Information:* Special legal protections apply to HIV/AIDS related information. I will obtain a special written authorization from you before releasing information related to HIV/AIDS.
- *Alcohol and Drug Use Information:* Special legal protections apply to information related to alcohol and drug use and treatment. I will obtain a special written authorization from you before releasing information related to alcohol and/or drug use/treatment.

I am required to promptly notify you of any breach that may have occurred and/or that may have compromised the privacy or security of your PHI.

### **YOUR RIGHTS AS A CLIENT**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Additional Restrictions:** You have the right to request additional restrictions on the use or disclosure of your mental health information. However, the clinician does not have to agree to that request, and there are certain limits to any restriction. Ask your clinician if you would like to make a request for any restriction(s). If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Alternative Means of Receiving Confidential Communications:** You have the right to request that you receive communications from the practice by alternative means or at alternative locations. For example, you may request that bills and other correspondence be sent to an address other than your home address. Ask your clinician if you would like to make a request to receive confidential communications by alternative means. We will say “yes” to all reasonable requests. You are required to “opt-in” to receive communications electronically as set-forth in the Consent for Communication of Protected Health Information by Non-Secure Transmissions. If you choose not to “opt-in” to receive electronic communications, we will not communicate with you via electronic means.

**Access to Protected Health Information:** You have the right to inspect and obtain a copy of your protected health information in the mental health and billing record. However, any psychotherapy notes are for the use of your therapist, and are treated differently. If it is thought that access to your mental health records would harm you, your access may be restricted. Ask your clinician if you would like to make a request to access your protected health information. We will provide a copy or offer you a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee to fulfill your request. If we deny your request, in whole or in part, we will let you know why in writing and whether you have the option of having the decision reviewed by an independent third-party.

**Amendment of Your Record:** You have the right to request an amendment or correction to your protected health information. If the clinician agrees that the amendment or correction is appropriate, the Practice will ensure the amendment or correction is attached to the record. Ask your clinician if you would like to make a request to amend your record(s) of protected health information. If we say no to your request, we will tell you why in writing within 60 days.

**Accounting of Disclosures:** You have the right to receive an accounting of certain disclosures the practice has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you, disclosures authorized by you, or disclosures made prior to April 14, 2003. Other exceptions will be provided to you, should you request an accounting. Ask your clinician if you would like to make a request for an accounting of disclosures. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Right to Revoke Consent or Authorization:** You have the right to revoke your consent or authorization to use or disclose your mental health information, except for action that has already taken place under your consent or authorization or as otherwise noted in this Notice. Please submit a written request to revoke your consent or authorization.

**Copy of this Notice:** You have a right to obtain a copy of this Notice upon request. Ask your clinician if you would like to obtain a copy of this Notice upon request.

**Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

The Practice is required to abide by the terms of this Notice, or any amended Notice that may follow. The Practice reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. When changes are made, the revised Notice will be posted at the Practice's office and copies will be available upon request. The Notice will also be available on the Practice's website.

If you believe the Practice has violated your privacy rights, you may file a complaint with the person designated within the Practice to receive your complaints, Caitlin Kozicki. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 515F, HHH Bldg., Washington, D.C. 20201 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). It is the policy of the Practice that there will be no

retaliation for your filing of such a complaint. • You may also file a complaint with the Colorado Department of Regulatory Agencies, Division of Professions and Occupations, Mental Health Section; 1560 Broadway, Suite 1350, Denver, Colorado, 80202, 303-894-2291; DORA\_Mentalhealthboard@state.co.us. Please note that the Department of Regulatory Agencies may direct you to file your complaint with the U.S. Department of Health and Human Services Office for Civil Rights listed above and may not be able to take any action on your behalf.

As a covered entity under the Privacy and Security Rules, We are required to reasonably safeguard PHI from impermissible uses and disclosures. Safeguards may include, but are not limited to the following:

1. Not leaving test results unattended where third parties without a need to know can view them.
2. Any PHI received as an employee, intern, or volunteer about a client or potential client, may not be used or disclosed for non-work purposes or with unauthorized individuals. We may only use and disclose such PHI as described above.
3. When speaking with a client about his or her PHI where third parties could possibly overhear, the conversation will be moved to a private area.
4. Seeking legal counsel in uncertain situations and/or incidences.
5. Obtaining a Business Associates Agreement with those third-parties that have access to and/or store client information. Some of the functions of the practice may be provided by contracts with business associates. For example, some of the billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services.
6. Implementing FAX security measures
7. Obtaining your consent prior to sending any PHI by unsecure electronic transmissions
8. Providing information on my electronic record-keeping.

#### **YOUR CHOICES:**

For certain health information, you can tell us (verbal authorization) your choices about what it shares. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want it to do, and we will follow your instructions. We may request you sign a separate document if you authorize it to share certain PHI.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest and for your care/treatment. we may also share your information when needed to lessen a serious and imminent threat to public health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

---

Caitlin Kozicki, LPC, CAC III, CEAP

Privacy Officer

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

Caitlin Kozicki, PLLC  
**Caitlin Kozicki, MA, NCC, LPC, CAC III, CEAP, CPS II**  
7220 W. Jefferson Ave., Ste 218  
Lakewood, CO 80235  
Confidential voicemail/Direct line: 303-957-6504  
[Ckozicki98@gmail.com](mailto:Ckozicki98@gmail.com)

## **Acknowledgement of Receipt of Notice of Privacy Rights & Disclosure Statement**

I, \_\_\_\_\_, acknowledge that I received a copy of the Caitlin Kozicki, PLLC's Notice of Privacy Practices & Disclosure Statement.

\_\_\_\_\_  
Signature of Client or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client, if applicable

\_\_\_\_\_  
If not the client, please print name and state legal authority to sign for client.

-----*For Practitioner Use Only*-----

I attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices & Disclosure Statement, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining acknowledgement
- Client was incapable of signing
- Other  
(Specify)\_\_\_\_\_

\_\_\_\_\_  
Caitlin Kozicki, LPC, CAC III, CEAP