

Notice of Privacy Practices

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NOTICE OF PRIVACY PRACTICES

Effective Date: Oct. 8, 2025

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

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all of the records of your care generated by this mental health care practice. It will tell you about the ways in which I may use and disclose health information about you, your rights regarding that information, and my obligations under federal and state law.

I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

I can change the terms of this notice, and such changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that I use and disclose health information. Not every use or disclosure in a category will be listed, but all the ways I am permitted to use and disclose information will fall within one of these categories.

For Treatment, Payment, or Health Care Operations

Federal privacy rules allow health care providers who have a direct treatment relationship with the client to use or disclose personal health information without written authorization to carry out the provider's own treatment, payment, or health care operations. I may also disclose your protected health information for the treatment activities of another health care provider, when necessary.

For example, if I consult with another licensed health care provider about your condition, I may use or disclose your personal health information to assist in diagnosis or treatment.

Disclosures for treatment purposes are not limited to the minimum necessary standard, as clinicians often need access to the full record in order to provide quality care. The term "treatment" includes coordination and management of care, consultations between providers, and referrals to other professionals.

Lawsuits and Disputes

If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose information about your child in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes

I do keep "psychotherapy notes" as that term is defined in 45 CFR §164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is:

- a. For my own use in treating you.
- b. For training or supervising mental health practitioners.
- c. For defending myself in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- e. Required by law.
- f. Required by law for certain health oversight activities.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to avert a serious threat to health or safety.

Marketing Purposes

As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

Sale of PHI

I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain limitations, I can use and disclose your PHI without your authorization for the following reasons:

- When disclosure is required by state or federal law.
 - For public health activities, including reporting suspected child, elder, or dependent-adult abuse or neglect, or preventing or reducing a serious threat to anyone's health or safety.
 - For health oversight activities such as audits or investigations.
 - For judicial and administrative proceedings, in response to a lawful court or administrative order.
 - For law enforcement purposes, including reporting crimes occurring on my premises.
 - To coroners or medical examiners performing authorized duties.
 - For research purposes permitted by law.
 - For specialized government functions such as military or national security activities.
 - For workers' compensation purposes, as required by law.
 - To contact you with appointment reminders or information about treatment alternatives, health-related services, or benefits I offer.
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V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

I may provide your PHI to a family member, friend, or other person you indicate is involved in your care or payment for your care, unless you object in whole or in part. The opportunity to object may be obtained retroactively in emergency situations.

VI. YOUR RIGHTS REGARDING YOUR PHI

Right to Request Limits on Uses and Disclosures

You may ask me not to use or disclose certain PHI for treatment, payment, or operations. I am not required to agree to such requests, but I will consider them carefully.

Right to Request Restrictions for Out-of-Pocket Payments

If you have paid in full for a service out-of-pocket, you may request that I not disclose that information to your health plan.

Right to Choose How I Contact You

You may request that I contact you in a specific way (for example, at a different address or phone number), and I will accommodate all reasonable requests.

Right to See and Get Copies of Your PHI

You may request an electronic or paper copy of your record (excluding psychotherapy notes). I will provide it within 30 days of your written request. I may charge a **reasonable, cost-based fee** that includes only the cost of copying, supplies, and postage if applicable.

In accordance with Colorado law (§25-1-802), any per-page charge will not exceed \$0.50 per page or the actual cost of producing an electronic copy, whichever is less.

Right to Get a List of Disclosures

You may request a list of certain disclosures I have made of your PHI (excluding those for treatment, payment, or operations). I will provide this within 60 days of receiving your request. The first list in a 12-month period is free; additional requests may incur a reasonable, cost-based fee.

Right to Correct or Update Your PHI

If you believe that information in your record is inaccurate or incomplete, you may request an amendment. I may deny the request, but will provide a written explanation within 60 days.

Right to Receive a Paper or Electronic Copy of This Notice

You may request a paper copy of this notice at any time, even if you have received it electronically.

VII. ELECTRONIC COMMUNICATION

Electronic communication (e.g., email, telehealth platforms, or client portals) is conducted using HIPAA-compliant systems whenever possible. No electronic system is entirely risk-free. By using these methods, you acknowledge and accept the inherent privacy limitations of electronic communication.

VIII. CHANGES TO THIS NOTICE

I reserve the right to change the terms of this Notice and to make the new provisions effective for all PHI I maintain. A current version will always be available upon request and posted on my website.

IX. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint directly with me at the address listed above.

You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights (OCR)**:

200 Independence Avenue SW, Washington, DC 20201

Phone: 1-800-368-1019 | Website: <https://www.hhs.gov/ocr/privacy>
