

Notice of Privacy Practices

Heartlight Therapy, PLLC

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EFFECTIVE DATE OF THIS NOTICE: March 2025.

NOTICE OF PRIVACY PRACTICES

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:

Your Health record contains personal information about you and your health. This information about you, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practice. I reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. A new notice will be available upon request, in my office and on my website.

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. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

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. However, all of the ways I am permitted to use and disclose information will fall within one of the categories. We can discuss any questions you may have about these rules.

For Treatment:

Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition. We may disclose PHI to any other consultant only with your authorization.

For Payment:

I may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it

becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations:

We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law:

Under the law, we must disclose your PHI to you upon request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **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 use in treating you.
 - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For my use in 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 and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** As a psychotherapist, I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. The following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. As a social worker licensed in this state and as a member of the National Association of Social Workers, it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. Subject to certain limitations in the law, and following the practices consistent with the NASW Code of Ethics and HIPAA, I can use and disclose your PHI without your Authorization for the following reasons:

1. **Child Abuse or Neglect and Elder or Dependent Adult Abuse or Neglect.** I am a mandated reporter, who must by law report suspected child, elder, or dependent adult abuse and neglect. In order to prevent or reduce a serious threat to anyone's health or safety, I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect and elder and dependent adult abuse or neglect.
2. **Public Safety, Duty to Warn.** I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed that is a serious threat, it will be disclosed to a person or persons (typically the police) reasonably able to prevent or lessen the threat, including the target of the threat.
3. **Threats of Suicide and Family Involvement in Care.** I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm. I may contact your emergency contact if there is a concern for your safety. Also, I may need to contact an agency or involve crisis services if you are planning or threatening to commit suicide.
4. **Judicial and Administrative Proceedings.** I may disclose your PHI pursuant to a subpoena (with your

written consent), court order, administrative order or similar process, although my preference is to obtain an Authorization from you before doing so.

5. **Deceased Patients.** I may disclose PHI regarding deceased patients as mandated by state law (to coroners or medical examiners), or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.
6. **Medical Emergencies.** I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency (if you have not already signed it).
7. **In Regards to Minor Children's PHI.** HIPAA Privacy Rule Applicability

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) authorized the promulgation of federal regulations regarding medical privacy (the Privacy Rule) which were amended in 2002. The HIPAA Privacy Rule provides that generally the parents of a minor child are deemed to be the child's "personal representative" for purposes of exercising the child's privacy rights, but also provides several bases for denying a parent access to a child's records.

- The Privacy Rule follows existing state law as to access to records by parents of minors. Thus, if a state allows minors of a certain age to consent to treatment independently, and also prohibits disclosures to parents, then the practitioner should deny access by the parent. In Colorado the age of consent is currently 12 years of age. I will respect the confidentiality of personal information disclosed to me by children age 12 and over and only share confidential information that the child is comfortable sharing with their parents. This does not include the child's general service records, including appointment dates and times, intake paperwork, assessment information, treatment plans, goal planning, and the coordination of care. The other rules for sharing a child's PHI is as noted in this document for safety reasons. At Heartlight Therapy, these same confidentiality rules will be in place for children under 12 being seen as well, unless otherwise agreed upon in writing by Heartlight Therapy and the child's parents. It is my opinion that children who know their confidentiality will be respected, are more likely to benefit from therapy since they feel they have a safe place to talk about what they need to without it being shared with others.
- The Privacy Rule also permits practitioners to deny access by parents if the parents previously agreed that the minor child's information would be kept confidential from the parents. This document is the agreement that a child's confidential information will be kept confidential unless the child agrees to share that information.

In the case of a child with divorced or separated parents, at Heartlight Therapy, both parents will need to consent to treatment and to sign this agreement in order for your child to be seen in this therapy practice. The parent that has the right to make decisions and has documented sole legal custody and decision making authority may sign the paperwork and consent to therapy services at Heartlight Therapy. Unless there is written documentation showing sole legal custody of the parent bringing the child to therapy, it will be assumed that the other parent has the legal right to the child's confidential information. This means that both parents must sign this consent to allow for the confidentiality of that protected information. This practice will not be used for custody disputes. This practice will work solely for the benefit of the child client to have their social emotional needs met. I do not testify in court in custody dispute cases. If that is a possibility then another practice that specializes in that area would be a better fit.

- The Privacy Rule permits providers to deny access by a personal representative if access is likely to cause substantial harm to the client. An example would be a situation where the social worker has legitimate concerns about potential child abuse by the parent who is requesting the minor's records. Social workers may choose not to treat the parent as the minor's personal representative under those circumstances by following certain procedures. A written determination of the denial is to be provided to the parent, and a right is provided for the parent to have the initial denial reviewed by another mental health professional of the provider's choosing. A recommendation regarding access by the reviewing professional becomes mandatory for the treating clinician to follow. In addition, HIPAA requires that all documentation about the request by a personal representative and any denial

of access is to be included as part of the medical record.

- The Privacy Rule permits practitioners to deny access to “psychotherapy notes” that are maintained separately from the general clinical file. Thus, having notes from child therapy sessions in a file separate from the child’s formal record of evaluations, summary progress notes, session start and stop times, dates of treatment, and billing information may provide additional privacy protection for child clients.

8. **Health Oversight.** If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers based on your prior consent) and peer review organizations performing utilization and quality control.
9. **Law Enforcement.** I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.
10. **Specialized Government Functions.** We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.
11. **Public Health.** If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.
12. **For workers’ compensation purposes.** Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers’ compensation laws.
13. **Appointment reminders and health related benefits or services.** I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

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

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing through the patient portal at <https://wendiwitter.clientsecure.me>.

1. **The Right to Access to Inspect and Get Copies of Your PHI.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set.” A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person. You will receive your PHI within 30 days of the written request.
2. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
3. **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one

accounting in any 12-month period.

4. **Right to Request Restrictions.** You have the right to request a restriction of limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.
5. **Right to Request Confidential Communication.** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. You do not need to give an explanation of why you are making that request.
6. **Breach Notification.** If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

VII. COMPLAINTS

If you believe I have violated your privacy rights, you have the right to let me know of this breach and to file a complaint with the Colorado Department of Regulatory Agencies, Division of Professions and Occupations, 1560 Broadway, Suite 1350, Denver, CO 80202, 303-894-7800. **I will not retaliate against you for filing a complaint.**

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.