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## Notice of Privacy Practices

This notice describes how medical information (including mental health) about you may be used and disclosed and how you can get access to this information.

**Please read carefully.**

During the process of providing services to you, I will obtain, record, and use mental health and medical information about you that is protected health information. Ordinarily that information is confidential and will not be used or disclosed, except as described below.

### I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

- A. **General Uses and Disclosures Not Requiring the Client's Consent.** I may use and disclose PHI about you without your authorization in the following circumstances:
1. **Treatment.** Treatment refers to the provision, coordination, or management of health care and related services by one or more health care providers. For example, I may use your information to plan your course of treatment and to consult with another health care provider to ensure the most appropriate methods are being used to treat you.
  2. **Payment.** Payment refers to the activities undertaken by a health care provider to obtain or provide reimbursement for the provision of care. I may use and give your information to others to bill and collect payment for the treatment and services provided to you. For example, I may share portions of your information with billing services and billing personnel, collection services, insurance companies, health plans, and third party payers that provide you coverage. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnoses, type of service, date of service, provider name/identifier, and other information about your condition and treatment.
  3. **Health Care Operations.** Health Care Operations refers to activities that are regular functions of the management and administrative activities. For example, I may use your health information in monitoring of service quality, training and education, medical reviews, legal services, auditing functions, compliance programs, business management and general administrative activities, and planning for future operations.
  4. **Contacting the Client.** I may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.
  5. **Required by Law.** I will disclose protected health information when required by law. This includes, but is not limited to the following situations:
    - i. Reporting child abuse or neglect;
    - ii. When the disclosure is for judicial and administrative proceedings, for example in response to an order of a court  
or administrative tribunal;
      - iii. When there is a legal duty to warn or take action regarding imminent danger of others;
      - iv. When the client is a danger to self or others or gravely disabled;
      - v. When required to report certain communicable diseases and certain injuries;
      - vi. When a Coroner is investigating the client's death; and
    - vii. To government regulatory and oversight agencies which are authorized by law to oversee my operations.
      6. **Crimes on the premises or observed** by Denver Family Institute. Crimes observed by me, which are directed toward me or occur on the premises of our office, will be reported to law enforcement.

7. *Business Associates.* Some of the functions of the health care providers are provided by contracts with business associates. For example, some clinical, quality assurance, legal, auditing, and practice management services may be provided by contracting with outside entities to perform these services.

In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. In those situations, the business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.

8. *Research.* I may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulations are followed. 45CFR §164.512(i).

9. *Involuntary Clients.* Information regarding clients who are being treated involuntarily will be shared with other treatment providers, legal entities, and others, as necessary to provide the care and management coordination needed.

10. *Family Members.* Except for certain minors, incompetent clients, 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 that discussion. However, if the client objects, protected health information will not be disclosed.

11. *Emergencies.* In life threatening emergencies, I will disclose information necessary to avoid serious harm or death.

- B. ***Client Authorization or Consent.*** I may not use or disclose protected health information in any other way without a signed **Authorization or Release of Information**. When you sign an Authorization or Release of Information, it may later be revoked, provided that revocation is in writing. The revocation will apply except to the extent that I have already relied on it.
- C. ***Psychotherapy Notes.*** I may maintain psychotherapy notes separately from the remainder of my records. Use or disclosure of these notes will only occur under these circumstances: (a) you specifically authorize their use or disclosure in a separate written authorization; (b) I use them for your treatment; (c) I may use them for my own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family or individual counseling; (d) if you bring a legal action and I have to defend myself; and (e) certain limited circumstances defined by law.

## II. YOUR RIGHTS AS A CLIENT

- A. ***Additional Restrictions.*** You have the right to request additional restrictions on the use or disclosure of your health information. I am not required to agree to your request, and there are certain limits to any restriction, which will be provided to you at the time of your request. To exercise your right, discuss it with me.
- B. ***Alternative Means of Receiving Confidential Communications.*** You have the right to request that you receive communications of protected health information by alternative means or alternative locations. For example, if you do not want to receive bills or other materials at your home, you may request that this information be sent to another address. To exercise this right, discuss it with me.
- C. ***Access to Protected Health Information.*** You have a right to inspect and obtain a copy of the protected health information contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. There are some limitations to this right, which will be provided with you at the time of your request, if any such limitation applies. To exercise this right, discuss with me.
- D. ***Amendment to Your Record.*** You have the right to request amendment of your protected health information. Your request must be in writing and it must explain why the information should be amended. We are not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, relevant, along with the appeal process available to you. To exercise this right, discuss this with me.
- E. ***Accounting of Disclosures.*** You have the right to receive an accounting of certain disclosures I have 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 13, 2003. There are other exceptions that will be provided to you, should you request an accounting. To exercise this right, discuss with me.

F. **Copy of the Notice.** You have a right to request a paper copy of this Notice at any time.

III. **ADDITIONAL INFORMATION**

A. **Privacy Law.** We are required by law to maintain the privacy of your protected health information. We are also required to provide clients with notice of my legal duties and privacy practices with respect to protected health information. That is the purpose of this notice.

B. **Terms of the Notice.** We are required to abide by the terms of this Notice, or any amended Notice that may follow.

C. **Changes to the Notice.** We reserve the right to change our privacy practices and the terms of this Notice at any time, and to make the new Notice provisions effective for all protected health information that we maintain. When changes are made, the revised Notice will be posted in my office. Copies of this Notice will be available upon request.

D. **Complaints Regarding Privacy Rights.** If you are concerned that I have violated your privacy rights, you may file a complaint with me directly, in writing, using the contact information provided at the end of this Notice. You also have the right to complain to the United States Secretary of Health and Human Services, 200 Independence Avenue, SW, Room 515F, HHH Bldg, Washington, DC 20201. It is our policy that there will be no retaliation for your filing such a complaint.

E. **Effective Date.** This Notice is effective April 15, 2003.

F. **Additional Information.** If you want more information about our privacy practices or have any questions or concerns, please contact

G. **Contact:** Leigh M. Baker, Psy.D  
6740 E. Hampden Avenue Suite 303  
Denver, Colorado, 80224  
303-790-5585

I have read the above and agree to the conditions:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

