



777 29th Street, Suite 200, Boulder, CO 80303
Office: 303-200-4780 • Fax: 720-647-3011

Kristin B. Powell, Ph.D., ABPP-CN
Jill Gitten Aloia, Ph.D., ABPP-CN
Zachary W. Sussman, Ph.D.
Emily C. Maxwell, Ph.D.

NOTICE OF PRIVACY PRACTICES

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

Our Responsibility

The confidentiality of your personal health information is very important. Your health information includes records that we create and obtain when we provide you care, such as a record of your symptoms, examination and test results, diagnoses, treatments and referrals for further care. It also includes bills, insurance claims, or other payment information that we maintain related to your care. This notice describes how we handle your health information and your rights regarding this information. Generally speaking, we are required to:

- Maintain the privacy of your health information as required by law;
- Provide you with this Notice of our duties and privacy practices regarding the health information about you that we collect and maintain;
- Follow the terms of our Notice currently in effect.

Contact Information

After reviewing this Notice if you need further information or want to contact us for any reason regarding the handling of your health information, please direct any communications to the following contact person:

Jill Gitten Aloia, PhD
777 29th Street, Suite 200
Boulder, CO 80303
(303) 200-4780, ext. 3

Uses and Disclosures of Information

Under federal law we are permitted to use and disclose personal health information without authorization for treatment, payment, and health care operations.

Treatment: Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. Your provider may consult with other professionals that may be involved in your care to cover calls or the practice for the provider.

Payment: If we submit a bill to either a health or automobile insurer (this may also apply to credit card companies) to receive payment for your care, the insurer will ask for health information regarding the dates of service and the services provided. In such situations, we will disclose only the minimum amount of information necessary to receive payment.

Health Care Operations: Your health care information may be used as necessary to support the day to day activities and management of this practice. For example, information of the services you received may be used to support budgeting and financial reporting, activities to evaluate or promote quality, or to send you appointment reminders.

Public Safety: Your health information may be disclosed to public health agencies.

Law Enforcement: Your health information may be disclosed to law enforcement agencies without your permission, to support government audits and inspections, to facilitate law enforcement investigations and to comply with government mandated reporting. Law enforcement will be notified of crimes that are observed by the provider or the provider's staff.

Your Health Information Rights

Under the law, you have certain rights regarding the health information that we collect and maintain about you. This includes the right to:

- Request that we restrict certain uses and disclosures of your health information; we are not, however, required to agree to a requested restriction.
- Receive confidential communications concerning your medical condition and treatment
- Request to review, or to receive a copy of, the health information about you that is maintained in our files and the files of our business associates (if applicable). If we are unable to satisfy your request, we will tell you in writing the reason for the denial and your right, if any, to request a review of the decision.
- Request that we amend the health information about you that is maintained in our files and the files of our business associates (if applicable). Your request must explain why you believe our records about you are incorrect, or otherwise require amendment. If we are unable to satisfy your request, we will tell you in writing the reason for the denial and tell you how you may contest the decision, including your right to submit a statement (of reasonable length) disagreeing with the decision. This statement will be added to your records.
- Request a list of our disclosures of your health information. This list, known as an "accounting" of disclosures, will not include certain disclosures, such as those made for treatment, payment, or health care operations.
- Request a paper copy of this Notice.
- Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket. You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.
- Right to Be Notified if There is a Breach of Your Unsecured PHI. You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

In order to exercise any of your rights described above, you must submit your request in writing to our contact person (see Contact Information section). If you have questions about your rights, please speak with our contact person, available in person or by phone during normal office hours.

To Request Information or File a Complaint

If you believe your privacy rights have been violated, you may file a written complaint by mailing it or delivering it to our contact person. You may complain to the Secretary of Health and Human Services (HHS) by writing to Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201; by calling 1-800-368-1019; or by sending an email to OCRprivacy@hhs.gov. We cannot, and will not, make you waive your right to file a complaint with HHS as a condition of receiving care from us, or penalize you for filing a complaint with HHS.

Revisions to this Notice

We reserve the right to amend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information that we maintain, including information about you collected or obtained before the effective date of the revised Notice. If the revisions reflect a material change to the use and disclosure of your information, your rights regarding such information, our legal duties, or other privacy practices described in the Notice, we will promptly distribute the revised Notice, post it in the waiting area of our office, and make copies available to our patients and others.

Effective Date

This Notice is effective on or after 10/1/2021.

Patients' Acknowledgment of Receipt of Notice of Privacy Practices:

Patient Name: _____ **Birth date:** _____

Maiden or other name (if applicable): _____

I acknowledge that I have received a copy of the Notice of Privacy Practices of New Peaks Neuropsychology

Client/Legal Guardian: _____ **Date:** _____

Relationship/authority (if signed by authorized representative): _____