

AUTUMN RIVER PSYCHOLOGY, PLLC

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NOTICE OF PRIVACY PRACTICES

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

You may have additional rights under Colorado state law. If you have questions about your rights regarding your health information, you may wish to seek legal counsel.

EFFECTIVE DATE OF THIS NOTICE

This Notice is effective as of [2-21-26]

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 (“PHI”).

I. MY PLEDGE REGARDING YOUR HEALTH INFORMATION

I understand that your health information is personal and confidential. I am committed to protecting your privacy. I create a record of the care and services you receive in order to provide quality treatment and comply with legal requirements. This Notice applies to all records of your care created or maintained by Autumn River Psychology, PLLC.

This Notice describes:

- How I may use and disclose your PHI
- Your rights regarding your PHI
- My legal duties with respect to your PHI

I am required by law to:

- Maintain the privacy of your PHI
- Provide you with this Notice of my legal duties and privacy practices
- Follow the terms of the Notice currently in effect

I reserve the right to change the terms of this Notice. Any changes will apply to all information I maintain. Updated Notices will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe the ways I may use and disclose your PHI.

For Treatment, Payment, or Health Care Operations

I may use or disclose your PHI without written authorization for treatment, payment, and health care operations purposes.

Treatment:

This includes providing, coordinating, or managing your health care. For example, I may consult with another licensed provider regarding your treatment.

Payment:

This includes billing and collection activities, including submitting claims to insurance companies or contacting you regarding balances.

Health Care Operations:

This includes administrative functions such as scheduling appointments, sending reminders, quality review, and compliance activities.

Disclosures for treatment purposes are not limited to the “minimum necessary” standard, as providers often require full information to deliver quality care.

Lawsuits and Legal Proceedings

If you are involved in a legal proceeding, I may disclose PHI in response to a court or administrative order. I may also disclose information in response to a subpoena or lawful request if legally required.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes

I maintain psychotherapy notes as defined under HIPAA. These notes are kept separate from your general medical record and require your written authorization for use or disclosure except in limited circumstances, including:

- Use for treatment
- Training or supervision
- Legal defense
- Compliance investigations

- When required by law
 - To prevent serious threat to health or safety
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Marketing

I will not use or disclose your PHI for marketing purposes without your written authorization.

If you choose to provide a testimonial or review that includes identifiable information, I will obtain written authorization before using it.

Sale of PHI

I do not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

Subject to legal limitations, I may use or disclose PHI without authorization for:

- Appointment reminders
- Health-related services or treatment alternatives
- Reporting suspected abuse or neglect
- Public health activities
- Health oversight activities
- Judicial or administrative proceedings
- Law enforcement purposes

- Coroners or medical examiners
 - Workers' compensation
 - Research (when permitted by law)
 - Specialized government functions
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V. DISCLOSURES WHERE YOU HAVE THE OPPORTUNITY TO OBJECT

You may designate family members or others involved in your care with whom I may share information. In emergency situations, disclosure may occur if necessary to prevent serious harm.

VI. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights:

Right to Request Restrictions

You may request limits on how your PHI is used or disclosed. I am not required to agree if it would affect your care.

Right to Restrict Disclosures to Health Plans

If you pay out-of-pocket in full, you may request that I not disclose related PHI to your health insurer.

Right to Confidential Communications

You may request contact in a specific way or at a specific location.

Right to Access and Copies

You may request copies of your records. I will respond within 30 days. A reasonable fee may apply.

Right to an Accounting of Disclosures

You may request a list of disclosures made outside of treatment, payment, or operations.

Right to Amend Records

You may request corrections to your record. If denied, you will receive a written explanation.

Right to a Copy of This Notice

You may request a paper or electronic copy at any time.

Right to Choose a Representative

A person with medical power of attorney or legal authority may act on your behalf.

Right to Revoke Authorization

You may revoke prior authorizations in writing.

Right to File a Complaint

If you believe your rights have been violated, you may contact:

Erika Laing, Psy.D.
Autumn River Psychology, PLLC
1360 Forest Park Circle, Suite 203
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You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

In addition, you may file a complaint regarding professional conduct with the Colorado Department of Regulatory Agencies (DORA), State Board of Psychologist Examiners.

I will not retaliate against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

I reserve the right to revise this Notice. Updated versions will be available upon request and on my website.

