



# Clear Skies Psychiatry, LLC

## PRIVACY POLICIES

NOTICE OF PRIVACY PRACTICES THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **CSP, LLC RESPONSIBILITIES**

Dr. Robinson is required by law to maintain the privacy of your health information and provide you with this Notice of Privacy Practices. Dr. Robinson will abide by the terms of this Notice of Privacy Practices; notify you if unable to accommodate a requested restriction or request; and accommodate your reasonable requests regarding methods to communicate health information with you.

### **USES AND DISCLOSURES OF INFORMATION**

Under federal law, Dr. Robinson is permitted to use and disclose personal health information without authorization for treatment, payment and health care operations. Such information may include documenting your symptoms, examination, test results, diagnoses, treatment and applying for future care or treatment. It also includes billing documents for those services. Under most circumstances, Dr. Robinson will not share your PHI (Protected Health Information) with anyone without your express permission. However, this office is permitted by federal privacy laws to use and disclosure your PHI for purposes of treatment, payment, and health care operations.

### **DESCRIPTION OF "PROTECTED HEALTH INFORMATION" (PHI)**

Protected health information (PHI) is demographic and individually identifiable health information that will or may identify the patient and relates to the patient's past, present or future physical or mental health or condition and related health care services.

### **WHAT "HEALTH CARE OPERATIONS" INCLUDES**

Health care operations include activities such as communications among health care providers, conducting quality assessment and improvement activities; evaluating the qualifications, competence, and performance of health care professionals; training future health care professionals; other related services that may be a benefit to you such as case management and care coordination; contracting with insurance companies; conducting medical review and auditing services.

### **HOW MEDICAL INFORMATION MAY BE USED**

Dr. Robinson and CSP, LLC use medical records as a way of recording health information, planning care and treatment and as a tool for routine health care operations. Your insurance company may request information such as procedure and diagnosis information that Dr. Robinson is required to submit in order to bill for treatment provided. One advantage to fee for service visits is that third party payors need not be involved. If you choose to submit a bill to your insurance company, they may request aspects of your health care record or PHI. Other health care providers or health plans reviewing your records must follow the same confidentiality laws and rules required of us. Patient records are also a valuable tool used by researchers in finding the best possible treatment for diseases and medical conditions. All researchers must follow the same rules and laws that other health care providers are required to follow to ensure the privacy of patient information. Information that may identify patients will not be released for research purposes to anyone without written authorization from the patient or the patient's parent or legal guardian.

### **HOW MEDICAL INFORMATION MAY BE USED FOR TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS**

Medical information may be used to justify needed patient care services, (i.e., lab tests, prescriptions, treatment protocols, research inclusion criteria). Dr. Robinson, and CSP, LLC will use medical information to establish a treatment plan, and may disclose protected health information to another provider for treatment (i.e. referring physicians, specialists and providers, therapists, etc.). Dr. Robinson and CSP, LLC may submit information to your insurance company should you choose to involve them. Dr. Robinson will submit only the minimum amount of information necessary for this purpose. Dr. Robinson and CSP, LLC may disclose health information for health care operations. For example, to use your PHI for quality assessment, training programs, credentialing, medical review, etc. Dr. Robinson will share only the minimum amount of PHI necessary for these duties. Dr. Robinson and CSP, LLC may use the emergency contact information you provided to contact you or that individual in the case of a suspected emergency, or to contact you to remind you of the patient's appointment by calling. Dr. Robinson and CSP, LLC may contact you to discuss treatment alternatives or other health related benefits that may be of interest. Minors – If you are an unemancipated minor under Colorado law, there may be circumstances in which Dr. Robinson discloses health information about you to a parent or guardian in accordance with legal and ethical responsibilities. Parents – If you are a parent of an unemancipated minor, and are acting as the minor's personal representative, Dr. Robinson may disclose health information about your child to you under certain circumstances. For example, if Dr. Robinson is legally required to obtain your consent as your child's personal representative in order for your child to receive care, she may disclose health information about your child to you. In some circumstances, Dr. Robinson may not disclose health information about an unemancipated minor to you. For example, if your child is legally authorized to consent to treatment (as per the laws in the state of Colorado, a child age 15 and up who chooses to consent or seek treatment without the permission of guardian) consents to such treatment, and does not request that you be treated as his or her personal representative, Dr. Robinson may not disclose health information about your child to you without your child's authorization. In general, a legal guardian should be involved in the care of any unemancipated minor under the age of 18.

## HOW MEDICAL INFORMATION MAY BE DISCLOSED WITHOUT REQUIRING AUTHORIZATION

In addition to uses and disclosures related to treatment, payment, and health care operations, Dr. Robinson and CSP, LLC may also use and disclose your personal information without authorization for the following additional purposes: Abuse, neglect or domestic violence: As required or permitted by law, Dr. Robinson may disclose health information about you to a state or federal agency to report suspected abuse, neglect or domestic violence. If such a report is optional, professional judgment will be used in deciding whether or not to make such a report. If feasible, Dr. Robinson will inform you promptly of such a disclosure.

Appointment reminders and Other Health Services: Dr. Robinson and CSP, LLC may disclose your PHI to remind you about an appointment or to inform you about treatment alternatives or other health related benefits and services that may be of interest to you, such as case management or care coordination. Communicable diseases: To the extent authorized by law, Dr. Robinson may disclose information to a person who may have been exposed to a communicable disease or who is otherwise at risk of spreading a disease or condition. Coroners, medical examiners and funeral directors: Dr. Robinson may disclose health information about you to a coroner or medical examiner, for example, to assist in the identification of a decedent or determining cause of death. Dr. Robinson may also disclose health information to funeral directors to enable them to carry out their duties. Food and Drug Administration: Dr. Robinson and CSP, LLC may disclose your PHI to the FDA or an entity regulated by the FDA, in order, for example, to report an adverse event or a defect related to a drug or medical device. Health oversight: Dr. Robinson and CSP, LLC may disclose your PHI for oversight activities authorized by law or to an authorized health oversight agency to facilitate, auditing, inspection, or investigation related to our provision of health care, or the health care system. Judicial or administrative proceedings: Dr. Robinson and CSP, LLC may disclose your PHI in the course of a judicial or administrative proceeding, in accordance with my legal obligation. Law enforcement: Dr. Robinson and CSP, LLC may disclose your PHI to a law enforcement official for certain law enforcement purposes. For example, Dr. Robinson may report certain types of injuries as required by law, assist law enforcement to locate someone such as a fugitive or material witness or make a report concerning a crime or suspected criminal conduct. Personal representative: If you are an adult or emancipated minor, Dr. Robinson may disclose your PHI to a personal representative authorized to act on your behalf in making decisions about your health care. Public health activities: As required or permitted by law, Dr. Robinson and CSP, LLC may disclose your PHI to a public health authority, for example, to report a disease or death. Public safety: Consistent with my legal and ethical obligations Dr. Robinson and CSP, LLC may disclose your PHI based on a good faith determination that such disclosure is necessary to prevent a serious and imminent threat to the public or to identify or apprehend an individual sought by law enforcement. Required by law: Dr. Robinson and CSP, LLC may disclose your PHI as required by federal, state or other applicable law. Specialized government functions: Dr. Robinson and CSP, LLC may disclose your PHI for certain specialized government functions as authorized by law. This includes military command, determination of veteran's benefits, national security and intelligence activities, protection of the President and other officials, and the health, safety and security of correctional institutions. Workers compensation: Dr. Robinson and CSP, LLC may disclose health information about you for purposes related to workers compensation as required and authorized by law. Serious threat: Dr. Robinson and CSP, LLC may disclose your PHI to avert a serious threat to health or safety consistent with applicable law to prevent or lessen a serious imminent threat to the health or safety of a person or the public. Other uses and disclosures will be made only with your written authorization and you may revoke that authorization in writing as below (see "your rights")

## YOUR RIGHTS

Under law, you have certain rights regarding the health information that are collected and maintained about you.

1. You have the right to inspect and copy your health information. This means you may inspect and obtain a copy of your PHI that is contained in a "designated record set" for so long as Dr. Robinson maintains the PHI. A designated record set contains medical and billing records and any other records that are used in making decisions about your healthcare. You may not however, inspect or copy the following records: psychotherapy and psychosocial notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and certain PHI that is subject to laws that prohibit access to that PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have the right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.
2. You have the right to request a restriction of your health information. This means you may ask us to restrict or limit the medical information used or disclosed for the purposes of treatment, payment or healthcare operations. Dr. Robinson and CSP, LLC are not required to agree to a restriction that you may request. You will be notified of a denial of your request. If Dr. Robinson does agree to the requested restriction, she may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.
3. You have the right to request to receive confidential communications by alternative means or at alternative locations. Dr. Robinson and CSP, LLC will accommodate reasonable requests. She may also condition this accommodation by asking you for an alternative address or other method of contact. She will not request an explanation from you as the basis for the request. Requests must be made in writing.
4. You have the right to request amendments to your health information. This means you may request an amendment of PHI about you in a designated record set for as long as Dr. Robinson maintains this information. In certain cases, she may deny your request for an amendment. If a request is denied, you have the right to file a statement of disagreement and Dr. Robinson may prepare a rebuttal to your statement and will provide you with a copy of this rebuttal. If you wish to amend your PHI, please make a formal request to Clear Skies Psychiatry, LLC, in writing.
5. You have the right to receive an accounting of disclosures of your health information. You have the right to request an accounting of certain disclosures of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Privacy Notice. Dr. Robinson and CSP, LLC are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, to family or friends involved in your care, or certain other disclosures I am permitted to make without your authorization. The request for an accounting must be made in writing. The request should specify the time period sought for the accounting. Dr. Robinson is

not required to provide an accounting for disclosures that take place prior to January 7, 2019. Accounting requests may not be made for periods of time in excess of six years.

6. You have the right to receive a paper copy of this Notice of Privacy Practices.
7. You have the right to revoke authorizations that you made previously to use or disclose information. You can accomplish this by delivering a written revocation to my office, except to the extent information or action has already been taken.
8. You have the right to 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 me. You may complain to the Secretary of Health and Human Services (HHS) by writing to Office for Civil Rights, US Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by calling 1-800-368-1019; or by sending an email to [OCRprivacy@hhs.gov](mailto:OCRprivacy@hhs.gov). Dr. Robinson and CSP, LLC cannot and will not make you waive your right to file a complaint as a condition of receiving care or penalize you for filing a complaint. In order to exercise any of your rights described above, you must submit your request in writing to Dr. Robinson (with the exception of #8). If you have any questions about your rights, please speak with Dr. Robinson in person or by phone during normal office hours.

## COMMON QUESTIONS

### 1. WHY DO I HAVE TO SIGN A CONSENT FORM?

When you, as the patient or the parent or guardian of a patient, sign a consent form, you are giving us permission to use and disclose protected health information for the purposes of treatment, payment and health care operations. This permission does not include psychotherapy notes, psychosocial information, alcoholism and drug abuse treatment records and other privileged categories of information which require a separate authorization. You will need to sign a separate authorization to have protected health information released for any reason other than treatment, payment or healthcare operations.

**2. WHAT ARE PSYCHOTHERAPY NOTES?** Psychotherapy notes are notes recorded (in any medium) by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session that are separated from the rest of the patient's medical record. Psychotherapy notes exclude medication prescription and monitoring, counseling session start and stop times, modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

**3. WHAT IS PSYCHOSOCIAL INFORMATION?** Psychosocial information is information provided regarding your family's social history and counseling services you have received.

**4. WHY DO I HAVE TO SIGN A SEPARATE AUTHORIZATION FORM?** In order to release patient protected health information for any reason other than treatment, payment and health care operations, Dr. Robinson and CSP, LLC must have an authorization signed by the patient or the parent or guardian of the patient that clearly explains how they wish the information to be used and disclosed. The following are some examples of releases of information that require a separate authorization: · Psychotherapy Notes · Psychosocial information · Use of information in scientific and educational publications, presentations and materials.

**5. CAN I CHANGE MY MIND AND REVOKE AN AUTHORIZATION?** You may change your mind and revoke an authorization, except (1) to the extent that Dr. Robinson has relied on the authorization up to that point, (2) the information is needed to maintain the integrity of the research study, or (3) if the authorization was obtained as a condition of obtaining insurance coverage. All requests to revoke an authorization should be in writing.

## REVISIONS OF THIS NOTICE

Dr. Robinson and CSP, LLC reserve the right to amend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information maintained, 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 or your information, your rights regarding such information, our legal duties, or other privacy practices described in this Notice, Dr. Robinson will promptly distribute the revised Notice, post it in the waiting area(s) or my office and make copies available to my patients.

## RECEIPT OF THIS NOTICE

I have received a copy of this Notice of Privacy Practices.

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**Patient Signature (Patient or Guardian)**

**Today's Date**

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**Print Name**

**Date of Birth**

