

OLIVE BRANCH PSYCHOTHERAPY

Stephen R. Parrish MSC/MFCT

413 Security Blvd., Colorado Springs, CO 80911, Phone: (719) 651-4025

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). I must follow the privacy practices that are described in this Notice (which may be amended from time to time).

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Permissible Uses and Disclosures without Your Written Authorization. I may use and disclose PHI without your written authorization, excluding Psychotherapy Notes, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. Treatment: I may use and disclose PHI to diagnose and provide counseling service to you. In addition, I may disclose PHI to other health care providers involved in your treatment.
2. Payment: I may use or disclose PHI so that services you receive are billed to, and payment is collected from, your health plan. By way of example, I may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services.
3. Healthcare Operations: I may use and disclose PHI in conjunction with my health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities.
4. Required or Permitted by Law: I may use, or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition I may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

1. Psychotherapy Notes: Notes recorded by clinician documenting the contents of a counseling session with you ("Psychotherapy Notes") will be used only by your clinician and will not otherwise be used or disclosed without your written authorization.
2. Marketing Communications. I will not use your health information for marketing communications without your written authorization.

Other Uses and Disclosures: Uses and disclosures other than those described above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send PHI to your life insurance company, school, or to your attorney. You may revoke any such authorization at any time.

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YOUR INDIVIDUAL RIGHTS

1. **Right to Inspect and Copy:** You may request access to your medical record and billing records maintained by me in order to inspect and request copies of records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you.
2. **Right to Alternative Communications:** You may request and I will accommodate any reasonable written request for you to receive PHI by alternative means of communication or at alternate locations.
3. **Right to Request Restrictions:** You have the right to request a restriction on PHI used for disclosure for treatment, payment or health care operations. You must request any such restriction in writing addressed to me at the address listed in this brochure. I am not required to agree to any such restriction you may request.
4. **Right to Accounting of Disclosures:** Upon written request, you may obtain an accounting of certain disclosures of PHI made by me after April 14, 2003. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restriction and limitations.
5. **Right to Request Amendment:** You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.
6. **Right to Obtain Notice:** You have the right to obtain another paper copy of this Notice by submitting a request to me at any time.

Questions and Complaints: If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact me at the address listed in this brochure. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint with the Director or me.

EFFECTIVE DATE AND CHANGES TO THIS NOTICE

This Notice is effective April 14, 2003. I may change the terms of this Notice at any time. If I change this Notice, I may make the new notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. If I changed this Notice, I will post the revised notice in the waiting room. You may also obtain any revised notice by contacting me.

Individual Rights - Continued

The practice of both licensed and unlicensed persons in the field of psychotherapy including psychological testing is regulated by the Colorado State Department of Regulatory Agencies. Any questions, concerns or complaints regarding the practice of mental health counseling may be directed to the State Grievance Board, 1560 Broadway, Suite 1340, Denver, CO 80202; (303) 894-7766.

You are entitled to receive information from me about my methods of therapy, techniques I use, duration of therapy, if I can determine it, and my fee structure. Please ask if you would like to receive this information.

You may seek a second opinion from another therapist or may terminate therapy at any time.

You should know that in a professional relationship, sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board.

Information provided by a client during therapy sessions is legally confidential except for certain legal exceptions which include: 1) I am required to report suspected child abuse or neglect to the appropriate

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law enforcement agency; 2) If I receive information from a client concerning a serious threat of imminent physical violence against a specific person, I must inform that person of the threat, and also notify law enforcement authorities; 3) I am required to initiate a mental health evaluation of a client who is dangerous to self or others due to a mental disorder. You should be aware that legal confidentiality does not apply in a criminal or delinquency proceeding. You should also be aware that confidentiality does not apply if I become aware that you are physically or sexually abusing another individual that you plan to hurt yourself or someone else or that you plan to commit suicide.

I am registered to practice unlicensed psychotherapy in the state of Colorado as a Unlicensed Professional Counselor, I have a Master of Marriage, Family and Child Therapies Degree from (UOP) The University of Phoenix (2009). Bachelor of Arts Degree in Sociology from the University of Great Falls, MT. (1986).

You should be aware that it is usual and customary for mental health professionals to seek peer consultation on cases and this is done in a manner that protects the confidentiality of the client. You should know that as an Unlicensed Psychotherapist I am receiving supervision for licensure from Dr. Mike Bird of 'Wings of Grace' counseling center.

You should be aware that when you sign your request for reimbursement from your insurance company that you give permission for them to obtain information about your diagnosis and the progress of your therapy.

In addition, you should understand that if either one of us uses cellular or portable telephones (I use both from time to time), information transmitted by one or both of us may be intercepted by a third party.

In addition, you authorize with your signature below that in the event of my death or grave disability, one or more of my selected colleagues may review confidential information I have collected about you or your child in order to advise you of options for the continuity of treatment.

I have been informed of my counselor's degrees, credentials and licenses. I have also read the preceding information and understand my rights as a client.