



Original Path
COUNSELING

6551 S. Revere Pkwy, Suite 160
Centennial, CO 80111
720-735-7444
Denvercounseling.com

Notice of HIPAA and Privacy Practices

(As of July 2025)

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

This Notice applies to any records generated by this office and will explain how we use and disclose your health information, your rights to the health information we keep about you, and describe the obligations we have regarding the use and disclosure of your health information.

During the process of providing services to you, Original Path Counseling will obtain, record, and use mental health and medical information about you that is protected health information. We understand that information about you and your mental health is personal. We are committed to protecting that information.

We are required by law to:

- Make sure that health information that identifies you is kept private
- Give you this Notice and follow the terms of the Notice that is currently in effect

During your treatment with us, your counselor will create a Clinical Record which is kept in our Electronic Health Record system. The Clinical Record helps to provide you with quality care and to comply with certain legal requirements. We protect your Electronic Personal Health Information (e-PHI) with reasonable administrative, technical, and physical safeguards to ensure its confidentiality, integrity, and availability. In accordance with the HIPAA Security Rule, we have policies and procedures in place regarding the creation, use, storage, transmission, and destruction of your e-PHI in electronic media. Through the use of passwords, encryption, firewalls, virus software, and appropriate destruction techniques, we make every attempt to prevent unauthorized or inappropriate access, use, or disclosure of your e-PHI.

Occasionally, your counselor may also take what is called psychotherapy notes which may be kept in a separate file and are for the therapist's own use. These notes are designed to assist in providing you a high quality clinical experience during the therapy process. These notes are shredded after their use and not kept with the clinical file.

Your rights regarding health information about you:

• Right to inspect and copy • Right to amend • Right to revoke an authorization • Right to file a complaint • Right to request restrictions • Right to request confidential communications • Right to an accounting of disclosures • Right to provide authorization for other uses • Right to a copy of this notice • Right to a copy of the long notice upon request

Your Protected Health Information (PHI) is confidential and will not be used or disclosed, *except* as described below.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

A. General Uses and Disclosures Not Requiring the Client's Consent. We 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, we 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 assist you.
2. *Payment.* Payment refers to the activities undertaken by a health care provider to obtain or provide reimbursement for the provision of health care. We may use and give your information to others to bill and collect payment for the treatment and services provided to you. For example, we may share portions of your information with billing services and billing personnel, collection services, insurance companies, health plans, and third party payers which provide you coverage. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and further information about your condition and treatment.
3. *Health Care Operations.* Health Care Operations refers to activities that are regular functions of management and administrative activities. For example, we may use your health information in monitoring of service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business management and general administrative activities, and planning for future operations.
4. *Contacting the Client.* We 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.* We 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 to others;
 - iv. When the client is in immediate danger to themselves or others;
 - v. When the client has a grave disability from their mental diagnosis that puts them in danger for safety, mental, and physical health concerns.
 - vi. When required to report certain communicable diseases and certain injuries;
 - vii. When a Coroner is investigating the client's death; and
 - viii. To government regulatory and oversight agencies which are authorized by law to oversee our operations.
6. *Crimes on the premises or observed by Original Path Counseling personnel.* Crimes that are observed by Original Path Counseling staff, which are directed toward staff, or occur on the premises of Original Path Counseling, 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 administrative clinical, quality assurance, billing, 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.* We may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation is followed. 45 CFR 164.512(i).
9. *Involuntary Clients.* Information regarding clients who are being treated involuntarily, pursuant to law, 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, we will disclose information necessary to avoid serious physical or mental harm or death.

B. Client Authorization or Consent. We 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 the revocation is in writing. The revocation will apply except to the extent

that we have already relied on it.

C. Psychotherapy Notes. We maintain psychotherapy notes separately from the remainder of our records. Use or disclosure of these notes will occur only under these circumstances:

- (a) You specifically authorize their use or disclosure in a separate written authorization;
- (b) The therapist who wrote the notes uses them for your treatment;
- (c) we may use them for our 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 we have to defend ourselves;
- (e) Psychotherapy notes will be shredded by your clinician, not added to your clinical file, as soon as the clinician is done using them.
- (f) certain limited circumstances defined by law.

ADDITIONAL INFORMATION

- 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 our legal duties and privacy practices with respect to protected health information. That is the purpose of this Notice.
- Terms of the Notice. We are required to abide by the terms of this Notice, or any amended Notice that may follow.
- 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 on our website (denvercounseling.com). Copies of the revised Notice will be available upon request.
- Complaints Regarding Privacy Rights. If you are concerned that your privacy rights have been violated, or if you disagree with a decision that has been made about access to your records, you may contact the privacy officer and owner of Original Path Counseling: Amanda Woodard, MA, LPC 6551 South Revere Parkway, Suite 160, Centennial, CO 80111, 720-735-7444. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Complaints can be filed online at: <http://cms.hhs.gov/hipaa/hipaa2/default.asp> or can be mailed to: HIPAA Complaint, 7500 Security Blvd.C5-24-04, Baltimore, MD 21244.
- Effective Date. This Notice is effective July 1, 2025.