

Notice of Privacy Practices

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Path to Wholeness, LLC

NOTICE OF PRIVACY PRACTICES

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

I. PATH TO WHOLENESS, LLC'S PLEDGE REGARDING HEALTH INFORMATION: Dr. Laura Lovato understands that health information about you and your health care is personal. She is committed to protecting your health information. Dr. Lovato creates a record of the care and services you receive. This record is necessary to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which your health information may be used and disclosed, as well as describe your rights to the health information that is kept about you and the obligations Dr. Lovato has regarding the use and disclosure of your health information. Dr. Laura Lovato is required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of her legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect

We may use or disclose your protected health information (PHI), for treatment, payment, and healthcare operations purposes with your consent. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment, Payment and Health Care Operations": Treatment refers to the provision, coordination or management of your health care and other services related to your health care. An example of treatment would be Dr. Lovato consulting with another health care provider, such as your family physician or another psychologist. Payment is obtaining reimbursement for your healthcare and services provided. Examples would be disclosing your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. Health Care Operations are activities that relate to the performance an operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "Use" applies only to activities within our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of our office such as releasing, transferring, or providing access to information about you to other parties.

II. HOW YOUR HEALTH INFORMATION IS USED AND DISCLOSED: The following categories describe different ways that your health information is used and disclosed. Each category of uses or disclosures is explained with some examples. Not every use or disclosure in a category will be listed. However, all of the ways your health information is permitted to be used and disclosed will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. Your protected health information may also be disclosed for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, your health information may be disclosed in response to a court or administrative order. Your health information may also be disclosed about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Psychotherapy Notes. Your provider keeps "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is: a. For your provider's use in treating you. b. For use in training or supervision of mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For your provider's defense in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate your provider's compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required to help avert a serious threat to the health and safety of others.

1. Marketing Purposes. As a psychologist, your provider will not use or disclose your PHI for marketing purposes.
2. Sale of PHI. As a psychologist, your provider will not sell your PHI in the regular course of her business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION: When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.

3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence; or helping to ensure the safety of those working within or housed in correctional institutions.
8. For public health purposes relating to disease or FDA-regulated products.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. Your PHI may be used and disclosed to contact you to remind you that you have an appointment or to tell you about treatment alternatives, or other health care services or benefits.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. Your PHI may be disclosed to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that certain PHI not be used or disclosed for treatment, payment, or health care operations purposes. Your provider is not required to agree to your request, and they may say "no" if they believe it would negatively affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How PHI is Sent to You. You have the right to ask that your provider contact you in a specific way (for example, home or office phone) or to send mail to a different address, and your provider will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that your provider has about you. Your provider can provide you with a copy of your record, or a summary of it, within 30 days of your provider receiving your request. your provider may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures Made. You have the right to request a list of instances in which your PHI has been disclosed for purposes other than treatment, payment, or health care operations, or for which you provided your provider with an Authorization. Your provider will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include disclosures made in the

last six years unless you request a shorter time. This list is provided to you at no charge, but if you make more than one request in the same year, you will be charged a reasonable cost based fee for each additional request.

6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that your provider correct the existing information or add the missing information. Your provider may say "no" to your request, but will provide you with an explanation in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
8. 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) your provider's risk assessment fails to determine that there is a low probability that your PHI has been compromised.

VII. PSYCHOLOGIST'S DUTIES:

1. Your provider is required by law to maintain the privacy of PHI and to provide you with a notice of their legal duties and privacy practices with respect to PHI.
2. You provider reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, your provider is required to abide by the terms currently in effect.
3. If these policies and procedures are revised, we will provide you with a revised notice either in person or by mail.

VIII. DISCLOSURE AND CONFIDENTIALITY STATEMENT:

1. Therapist Information:

Name: Laura Lovato

Phone: (720) 295-5140

Degree: Ph.D.in Clinical Psychology School: University of North Carolina at Charlotte

Residency: Colorado State University Health Network

Post-Doctoral Fellowship: Aurora Community Mental Health Center

Colorado State Psychologist's License Number: 4705, renewal date 8/31/23

Missouri State Psychologist's License Number: 2021007504, renewal date 1/31/22

Kansas State Psychologist's License Number: LP 03000, renewal date 6/30/22

ASPPB PsyPact* Mobility Number: 6023, renewal date 10/21/22

*PSYCHOLOGISTS LICENSED IN PSYPACT STATES CAN PRACTICE UNDER THE AUTHORITY OF PSYPACT AND PROVIDE TELEPSYCHOLOGICAL SERVICES AND/OR CONDUCT TEMPORARY IN-PERSON, FACE-TO-FACE PSYCHOLOGY IN PSYPACT STATES. For list of participating states visit: <https://psypact.site-ym.com/page/psypactmap>

2. The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations.

For Colorado: 1560 Broadway, Suite 1350, Denver, CO, 80202; phone: 303.894.7800.

For Missouri: 3605 Missouri Boulevard, P.O. Box 1335, Jefferson City, MO 65102-1335; phone: 573.751.0099

For Kansas: 700 SW Harrison St, Suite 420, Topeka, KS 66603; phone: 785-296-3240

Association of State and Provincial Psychology Boards: P.O. Box 849, Tyrone, GA 30290;
<https://www.asppb.net/page/ContactUs>

3. Levels of Psychotherapy Regulation include licensing (requires minimum education, experience, and examination qualifications), Certification (requires minimum training, experience, and for certain levels, examination qualifications), and Registered Psychotherapist (does not require minimum education, experience, or examination qualifications.) All levels of regulation require passing a jurisprudence examination.

A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience. A Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience. A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Licensed Social Worker must hold a master's degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of postmaster's supervision.

IX. COMPLAINTS:

1. If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact your state's Regulatory Board.
2. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on December 6, 2021.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice either in person or by mail.

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. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.