



## Notice of Privacy Practices

The purpose of this Notice of Privacy Practices is to inform you about how your health information may be used within this practice, as well as reasons why your health information could be sent to other service providers outside of this agency. This Notice describes your rights in regards to the protection of your health information and how you may exercise those rights. This Notice also gives you the names of contacts should you have questions or comments about the policies and procedures used to protect the privacy of your health information.

Grove Therapy Denver is required to protect the privacy of your health information that may identify you. This health information includes health care services that are provided to you, payment for those health care services or other health care operations provided on your behalf.

This agency is required by law to inform you of our legal duties and privacy practices with respect to your health information through this Notice of Privacy Practices. This Notice describes the ways we may share your past, present and future health information, ensuring that we use and/or disclose this information only as we have described in this Notice. We do, however, reserve the right to change our privacy practices and the terms of this Notice, and to make the new Notice provisions effective for all health information that we maintain. Any changes to this Notice will be made available at the associated web site ([www.grovetherapydenver.com](http://www.grovetherapydenver.com)). Copies of any revised Notices will be available to you upon request. If at any time you have questions or concerns about the information in this Notice or about our agency's privacy policies, procedures and practices, you may contact your clinician.

### Use and Disclosure of Health Information without Authorization

Your clinician may use and/or disclose your health information for circumstances that have been determined to be so important that your authorization may not be required. Prior to disclosing your health information, we will evaluate each request to ensure that only necessary information will be disclosed. Those circumstances include disclosures that are:

Required by law;

Regarding child or elder abuse and/or neglect;

For health oversight activities such as licensing and regulatory agencies;

For law enforcement purposes unless otherwise prohibited by State or Federal law;

For court proceedings such as court orders to appear in court with your health information; To avert a serious threat to the health or safety of a person or the public;

Related to specialized government activities such as national security;

Legal defense if a client/patient files a complaint and/or grievance against your clinician. Use and Disclosure of Health Information That Allows You an Opportunity to Object

There are certain circumstances where we may disclose your health information and you have an opportunity to object. Such circumstances include disclosures to:

Families, friends, or others involved in your care

Example: We may share with a family member, relative, friend or other person identified by you, your health information that is directly related to that person's involvement in your care or payment for your care, such as your spouse, if that person monitors your medication schedule.

Example: We may share with a family member, personal representative or other person responsible for your care, your health information necessary to notify such individuals of your location and general condition in order to keep them involved with your care and treatment.

If you would like to object to disclosure of your health information in any of the above circumstances, please contact your clinician for consideration of your objection.

Use and Disclosure of Health Information That Requires Your Authorization

Grove Therapy Denver will not use or disclose your health information without your authorization except as specified in the above examples where use or disclosure of your information is allowed or when required by State or Federal law. For all other uses or disclosures, we will ask you to sign a written authorization that allows us to share or request your health information. Before you sign an authorization you will be fully informed of the exact information you are authorizing to be disclosed/requested and to/from whom the information will be disclosed/requested.

You may request that your authorization be canceled by informing your clinician that you do not want any additional health information about you exchanged with a particular person/agency. Your authorization will then be considered invalid at that point in time; however, any actions that were taken on the authorization prior to the time you canceled your authorization are legal and binding.

## Your Rights Regarding Your Health Information

You have the following rights regarding your health information as created and maintained by this agency.

### Right to receive a copy of this Notice

You have a right to receive a copy of the Notice of Privacy Practices. At your first treatment encounter with this agency, you will be given a copy of this Notice and asked to sign acknowledgement that you have received it. In the event of emergency services, you will be provided the Notice as soon as possible after emergency services have been rendered.

In addition, copies of this Notice have been posted) on this practices'sInternet web site at ([www.grovetherapydenver.com](http://www.grovetherapydenver.com)). You have the right to request a paper copy of this Notice at any time from your clinician

### Right to request different ways to communicate with you

You have the right to request to be contacted at a different location or by a different method. For example, you may request all written information be sent to your work address rather than your home address. We will agree with your request as long as it is reasonable to do so; however, your request must be made in writing and forwarded to your clinician.

### Right to request to see and copy your health information

You have the right to request to see and receive a copy of your health information in clinical, billing, and other records that are used to make decisions about you. Your request must be in writing and forwarded to your clinician. If your request is approved, you may be charged a fee to cover the cost of the copy, excluding labor costs.

Instead of providing you with a full copy of the health information, we may give you a summary or explanation of your health information, if you agree in advance to that format and to the cost of such information.

Your request may be denied under certain circumstances. If so, your clinician will explain the reason for doing so in writing and describe any rights you may have to request a review of our denial.

### Right to request amendment of your health information

You have the right to request changes in your health information in clinical, billing, and other records used to make decisions about you. If you believe that this practice has information that is either inaccurate or incomplete, you may submit a request in writing to your clinician and explain your reasons for the amendment. This practice must respond to your request within 60 days of receiving your request.

Grove Therapy Denver may deny your request if:

the information was not created by this agency (unless you prove the creator of the information is no longer available to change the information);

the information is not part of the records used to make decisions about you;

we believe the information is correct and complete; or

you do not have the right to see and copy the record.

If your request is denied, your clinician will tell you in writing the reasons for denial and describe your rights to give us a written statement disagreeing with the denial.

If your request to change your health information is approved, your clinician will make reasonable efforts to inform others of the changes, including persons you name who have received your health information and who need the changes.

**Right to request a listing of disclosures we have made**

You have the right to request and receive a written list of certain disclosures of your health information. You may ask for disclosures made up to six years before your request. This listing will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed and the purpose of the disclosure.

This practice is not required to include on the list disclosures for the following: For your treatment;

For billing and collection of payment for your treatment;

For our health care operations;

Requested by you, that you authorized, or which are made to individuals involved in your care; or Allowed by law.

Your first request for a listing of disclosures will be provided to you free of charge. However, if you request a listing of disclosures more than once in a 12 month period, you may be charged a reasonable fee. This practice will inform you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

**Right to request restrictions on uses and disclosures of your health information**

You have the right to request that this practice limit the use and disclosure of your health information for treatment, payment, and health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or a friend. For example, you could ask that this practice not use or disclose the information about a previous condition you had.

This practice is not required to agree to such request. However, if agreed to, this practice must follow the agreed upon restriction (unless the information is necessary for emergency treatment or unless it is a disclosure to the U.S. Secretary of the Department of Health and Human Services).

You or your personal representative may cancel the restrictions at any time. In addition, this agency may cancel a restriction at any time, as long as we notify you of the cancellation.

### Complaints

If you believe your privacy rights have been violated by us, or if you want to file a complaint about the privacy practices, you may contact your clinician personally. If you are not satisfied with our resolution of your concerns you can file an official complaint with the office of civil rights at the address listed below:

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Contact information is as follows:

#### Office for Civil Rights

U.S. Department of Health and Human Services Atlanta Federal Center, Suite 3B70

61 Forsyth Street, S.W.

Atlanta, GA 30303-8909

Voice Phone (404) 562-7886

FAX (404) 562-7881

TDD (404) 331-2867

#### Grove Therapy Denver

720-295-6097

#### Mailing Address:

1040 S. Gaylord St

Suite #69

Denver, CO 80209