

Anchor Counseling Center Notice of Privacy Practices
Revised and effective April 2026

This Notice of Privacy Practices describes how Anchor Counseling Center may use and disclose your protected health information (PHI) for purposes of treatment, payment and health care operations, and for other purposes that are permitted or required by law.

Your rights with respect to your health information

How to file a complaint concerning violation of the privacy and security of your health information, or of your rights concerning your information

You have the right to a copy of this notice and to discuss it with Marissa Bain 401-475-9979 if you have any questions

I. OUR RESPONSIBILITIES:

We take the privacy of your / your child's health information seriously. We are required by law to maintain the privacy of your health information and provide you with this Notice of Privacy Practices. We will abide by the terms of this Notice of Privacy Practices in accordance with HIPAA and 42 CFR part 2.22. We reserve the right to change this Notice of Privacy Practices and to make any new Notice of Privacy Practices effective for all protected health information that we maintain. When this notice is updated, Anchor Counseling Center will post a notification on our website and in waiting room of each location. You can ask your clinician for a copy of the most current notice at your next appointment, access it on our website, or call the office at 401-475-9979 for a copy.

II. WHAT IS "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.

USES AND DISCLOSURES OF INFORMATION

Under federal law, there are times when we are permitted to use and disclose personal health information without authorization for treatment, payment and health care operations. Most of the time, we require a written statement authorizing the release of information, or a court order. For instance:

- (1) Records, or testimony relating the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against the patient unless based on specific written consent or a court order;
- (2) Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to the patient or the holder of the record, where required by 42 U.S.C. 290dd-2 and this part; and
- (3) A court order authorizing use or disclosure must be accompanied by a subpoena or

other similar legal mandate compelling disclosure before the record is used or disclosed.

Verbal or written PHI may be subject to redisclosure. Although, Anchor Counseling Center does not redisclose PHI not generated by Anchor Counseling Center.

III. WHAT DOES "HEALTH CARE OPERATIONS" INCLUDE?

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; compiling and analyzing information in anticipation of or for use in legal proceedings; and general administrative and business functions.

IV. HOW IS MEDICAL INFORMATION USED?

We 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 we are required to submit in order to bill for treatment we provide to the patient. 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.

V. 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).

We will use medical information to establish a treatment plan.

We may disclose protected health information to another provider for treatment (i.e. referring physicians, specialists and providers, therapists, etc.)

We may submit claims to your insurance company containing medical information and we may contact their utilization review department to receive pre-certification (prior approval for treatment). We will submit only the minimum amount of information necessary for this purpose.

We may use the emergency contact information you provided to contact you if the address of record is no longer accurate.

We may contact you to remind you of the patient's appointment by an automated call, text or email.

We 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 we disclose 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, we may disclose health information about your child to you under certain

circumstances. For example, if we are legally required to obtain your consent as your child's personal representative for your child to receive care from us, we may disclose health information about your child to you.

In some circumstances, we may not disclose health information about an unemancipated minor to you. For example, if your child is legally authorized to consent to treatment (without separate consent from you), consents to such treatment, and does not request that you be treated as his or her personal representative, we may not disclose health information about your child to you without your child's authorization.

VI. 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. In some instances, this permission does include psychotherapy notes, psychosocial information, alcohol and drug abuse treatment records. You must specify what type of PHI you do and do not want released. You will need to sign a separate authorization to have protected health information released for any reason other than treatment, payment or healthcare operations.

VII. 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.

VIII. WHAT IS PSYCHOSOCIAL INFORMATION?

Psychosocial information is information provided regarding your family's social history and counseling services you have received.

IX. Teletherapy:

I understand that telehealth involves the communication of my medical/mental health information in an electronic or technology-assisted format.

I understand that I may opt out of the telehealth visit at any time and this will not change my ability to receive future care at this office. However, if I choose to access in person sessions, I may have to wait for availability. I agree to accept responsibility for following my healthcare provider's recommendations—including further evaluation or an in-office visit.

I understand that each state's governing board has different telehealth services regulations and clinicians can only perform telehealth services in states where they are licensed. If it is determined that I am residing or located in a state where my clinician is not licensed, I will be referred to an appropriately licensed provider within or outside of Anchor Counseling Center.

I understand that all electronic medical communications carry some level of risk. While the likelihood of risks associated with the use of telehealth in a secure environment is reduced, the risks are nonetheless real and important to understand. These risks include but are not limited to: • It is easier for electronic communication to be forwarded, intercepted, or even changed without my knowledge and despite

taking reasonable measures. • Electronic systems that are accessed by employers, friends, or others are not secure and should be avoided. It is important for me to use a secure network. • Despite reasonable efforts on the part of my healthcare provider, the transmission of medical information could be disrupted or distorted by technical failures.

The healthcare provider is not responsible for breaches of confidentiality caused by an independent third party or by me.

I agree that I might be asked my healthcare provider my identity and current location in connection with the telehealth services. I acknowledge that failure to comply with these procedures may terminate the telehealth visit.

X. 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, we 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.

XI. CAN I CHANGE MY MIND AND REVOKE AN AUTHORIZATION?

You may change your mind and revoke an authorization, except (1) to the extent that we have 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.

XII. SHARING INFORMATION WITH BUSINESS ASSOCIATES

There are some services provided through contracts with business associates. Examples include billing services, electronic medical record, laboratory, and transcription services. When these services are contracted, we may disclose your health information to the business associate so that they can perform the job we have contracted them to do.

XIII. WHEN IS MY AUTHORIZATION / CONSENT NOT REQUIRED?

The law requires that some information may be disclosed without your authorization in the following circumstances:

In case of a clinical emergency

When there are communication or language barriers

When required by law

When there are risks to public health

To conduct health oversight activities

To report suspected child abuse or neglect

To specified government regulatory agencies

In connection with judicial or administrative proceedings

For law enforcement purposes

To coroners, funeral directors, and for organ donation

In the event of a serious threat to health or safety

XIV. YOUR PRIVACY RIGHTS

The following is a statement of your rights with respect to your protected health information and a brief

description of how you may exercise these rights.

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 we maintain the PHI. A designated record set contains medical and billing records and any other records that we use 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 Clinical Director 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 we use or disclose for the purposes of treatment, payment or healthcare operations. We are not required to agree to a restriction that you may request. We will notify you if we deny your request. If we do agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by contacting our Clinical Director. If you pay out of pocket for services, you have the right to request that we not disclose PHI related solely to those services in which you paid out of pocket for.

3. You have the right to request to receive confidential communications by alternative means or at alternative locations.

We will accommodate reasonable requests. We may also condition this accommodation by asking you for an alternative address or other method of contact. We will not request an explanation from you as the basis for the request. Requests must be made in writing to our Clinical Director.

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 we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with our Clinical Director and we 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 contact our Clinical Director. Requests for amendment must be 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. We 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 we are permitted to make without your authorization. The request for an accounting must be made in writing to our Clinical Director. The request should specify the time period sought for the accounting. 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.

This notice can be printed out by you from our patient portal or you may sign on using your login information anytime to review the notice. If you have difficulty with this contact the office to request a copy is printed out for you.

7. You have the right to be notified if there is a breach in your PHI.

If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

8. You have the right to opt out of fundraising communications.

If we send any fundraising communications, you have the right to opt out of receiving these. To do so, contact the office to make this request

XV. WHAT IF I HAVE A QUESTION / COMPLAINT?

If you have questions regarding your privacy rights, please contact Marissa Bain, LICSW at Anchor Counseling Center. If you believe your privacy rights have been violated, you may file a complaint by contacting Marissa Bain, LICSW or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. The address for the Secretary of the Department of Health and Human Services is:

Office of Civil Rights

U.S. Department of Health and Human Services

Atlanta Federal Center

Suite 3B70 61 Forsyth St., S.W.

Atlanta, GA 30303-8909

(404) 562-7886 (phone)

(404) 562-7881 (fax)

(404) 331-2867 (TDD)

www.hhs.gov/ocr/hipaa

By signing this electronically, I acknowledge that I received this notice and fully understand the HIPAA law.

Signature:

Date:
