

All-Terrain Behavioral Health Group

www.allterrainbhg.com

(719) 726-8811

NOTICE OF PRIVACY PRACTICES

This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Get Access To This Information. Please Review It Carefully.

MY PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION: I understand that information about you and your health care is personal. I will create a record of the care and services you receive from me and I need this record to provide you with quality care and to comply with certain legal requirements. I am legally required to protect the privacy of your protected health information, which includes information that can be used to identify you and any health conditions that you may have. I am required to provide you with this Notice of Privacy Practices and explain my legal duties with respect to your protected health information. I am legally required to follow the practices described in this Notice of Privacy Practices; however, I reserve the right to change the terms at any time. Any changes will apply to your protected health information on file with me already, but before I make any changes to my policies, I will update this Notice of Privacy Practices and post a new copy of it in my office as well as online. Please know that your protected health information is kept secure using Simple Practice, a HIPAA compliant and HITRUST certified framework. If a breach occurs, however, and your protected health information is compromised, I will notify you as soon as possible.

HOW I MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION: The following categories describe different ways that I use and disclose your health information and offer some examples. Not every use or disclosure will be listed, but every permitted use and disclosure will fall into one of these categories.

For Treatment: For example, I can use your protected health information to provide you with mental health treatment including discussing or sharing your information with any supervisors, trainees, and interns involved in your care. Further, I may consult with another licensed health care provider about your condition in order to assist in the proper diagnosis and treatment of your mental health condition.

To Obtain Payment: I can use your protected health information to bill and collect payment for the treatment and services provided to you. For example, I might send your protected health information to your insurance company or health plan to receive payment for the health care services provided to you. I may also provide your information to my associates that process health care claims.

For Health Care Operations. I may use and disclose your protected health information to operate my practice. For example, I might use your protected health information to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who have provided such services to you.

CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION: Subject to certain limitations in the law, I can use and disclose your protected health information without your authorization for the following reasons:

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When federal, state, or local laws require disclosure. For example, I may have to make a disclosure to applicable governmental officials when I am made aware of the abuse or neglect of a child, an elder, or a vulnerable adult.

When public health activities require disclosure. For example, I may have to disclose your information to applicable government officials prevent or reduce a serious threat to the health and safety of others.

When health oversight activities require disclosure. For example, I may have to provide information to assist healthcare auditors in the course of their investigations.

When judicial or administrative proceedings require disclosure. For example, I may have to use or disclose your protected health information in response to a subpoena or court order, although it is my preference to obtain authorization from you before doing so.

For workers' compensation purposes. For example, I may have to provide your protected health information to comply with workers compensation laws, although it is my preference to obtain authorization from you before I do so.

When law enforcement requires disclosure. For example, I may have to use or disclose your protected health information in reporting crimes that occur on my premises.

For specialized government functions. For example, I may have to use or disclose your protected health information for national security purposes, including protecting the President of the United States.

To remind you about appointments and to inform you of health-related benefits or services. For example, I may have to use or disclose your protected health information to remind you about your appointments or to give you information about treatment alternatives, other health care services, or other health care benefits that I offer.

CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

Disclosures to family, friends, or others. I may provide your protected health information to a family member, friend, or other person that you indicate that is involved in your care or the payment for your health care unless you object in whole or in part. Consent may be obtained retroactively in or after an emergency situation.

CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION: In any situation not described above, I will need your written authorization before using or disclosing any of your protected health information. If you choose to sign an authorization to disclose your protected health information, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that I have not taken any action in reliance on such authorization) of your protected health information.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION: You have the right to request that I limit my use and disclosure of your protected health information for treatment, payment, or health care operations. I am not required to agree to your request and I may say "no" if I believe complying with your request would negatively impact your care.

Phone: (719) 726-8811

Email: Admin@allterrainbhg.com

6805 Corporate Dr #120 Colorado Springs, CO 80919

212 W 13th St. Suite 201 Pueblo, CO 81003

3105 W Fairgrounds Loop Spearfish, SD 57783

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You have the right to choose how I send protected health information to you. You have the right to ask me to contact you, or refrain from contacting you, in a particular way (for example, “You can call or text me on my cell phone, but please don’t call me on my work phone number”) or send correspondence to a specific address. I will agree to all reasonable requests.

You have the right to inspect and receive a copy of your protected health information. Other than “psychotherapy notes” you have the right to inspect and receive a copy of the protected health information that I have regarding you and your care. I will provide you with a copy of your record (or a summary of it) within 30 days of receiving your written request. I may charge a reasonable cost-based fee for doing so.

You have the right to amend your protected health information if you believe that there is a mistake or that a piece of important information is missing. I may say “no” to your request, but I will take action, and indicate which course of action I have taken, within 60 days of receiving your request.

You have the right to receive a list of the disclosures that I have made regarding your protected health information. The list will not include disclosures made for my treatment, payment, or health care operations; disclosures made to you; or disclosures you authorized. I will respond to your request within 60 days. The list I will give to you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year I may charge you a reasonable, cost-based fee for each additional request.

You have the right to receive a paper copy of this notice, even if you have agreed to receive it electronically.

COMPLAINTS: If you believe that your privacy rights have been violated, you may contact the Department of Health and Human Services at <<https://www.hhs.gov/hipaa/index.html>> or notify the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington D.C. 20201. For further information, or to file a complaint with All-Terrain Behavior Health Group directly, please contact Todd Rowe at 6805 Corporate Drive, Suite 120, Colorado Springs, CO 80919, (719) 726-8811. You will not be retaliated against for filing a complaint.

EFFECTIVE DATE: This notice went into effect on Wednesday, February 21, 2024.