

# Notice of Privacy Practices

Storyless, LLC

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## Notice of Privacy Practices (HIPAA)

Your health record contains personal information about you and your health, referred to as Protected Health Information (PHI). PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical and mental health, or condition, and related health care services. State and Federal law protects the confidentiality of this information. If you suspect a violation of these legal protections, you may file a report to the appropriate authorities in accordance with Federal and State regulations.

This Notice of Privacy Practices describes how Jacob Wilson may use and disclose your PHI in accordance with all applicable law. It also describes your rights regarding how you may gain access to and control your PHI. Jacob Wilson is required by law to maintain the privacy of PHI and to provide you with notice of legal duties and privacy practices with respect to your PHI. He is required to abide by the terms of this Notice of Privacy Practices, and reserves the right to change the terms of the Notice at any time, in which case you will be given the opportunity to review and ask questions about the revised Notice.

## Use of your PHI

Your PHI may be used and disclosed for the following purposes:

**Treatment:** Your PHI may be used and disclosed for the purpose of providing, coordinating, or managing your health care treatment and any related services. This may include coordination or management of your health care with a third party, consultation, or supervision activities with other healthcare providers, or referral to another provider for healthcare services.

**Healthcare Operations:** Your PHI may be used and disclosed for certain purposes in connection with the operations of professional practice, including notes and charting, the use of administrative staff, supervision, and consultation. It may also be used to provide planning, quality assurance, peer review, or administrative, legal, financial, or actuarial services to assist in the delivery of healthcare, provided there is a written contract with the business that prohibits it from re-disclosing your PHI and requires it to safeguard the privacy of your PHI.

**Payment:** Your PHI may be used and disclosed to obtain and pursue payment for treatment services provided to you, including forwarding your information to a collections agency if necessary.

**Incidental Use and Disclosure:** A use or disclosure of your PHI that occurs as a result of, or incident to an otherwise permitted use or disclosure may occur.

**With Authorization:** Your PHI may be used and disclosed with your written authorization to facilitate treatment or a transfer of records. You may revoke such authorization at any time.

**Without Authorization:** Your PHI may be used and disclosed without your authorization in a limited number of situations, such as:

- If required by law or law enforcement, including mandatory reporting of abuse/neglect or a threat to personal safety.
- If required by a government or health oversight agency for activities authorized by law, such as audits, investigations, collection of healthcare statistics for research, determining cause of death, assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs. ○ If needed to as a defense in legal or administrative proceedings initiated by you, as required by the Colorado Department of Health or the US Department of Health and Human Services to investigate or determine my compliance with applicable regulations, to avert a serious and imminent threat to public health or safety, to a health oversight agency for lawful oversight, for the lawful activities of a coroner or medical examiner or as otherwise required by law.

## **Your Rights**

You have the following rights regarding your PHI:

**Right of Access to Inspect and Copy:** You may inspect and obtain a copy of your PHI that is contained in a designated record set. A "designated record set" contains medical and billing records and any other records used for making decisions about you. Your request must be in writing. I may charge you a reasonable cost-based fee for the copying and transmitting of your PHI. I can deny you access to your PHI in certain circumstances. In some of those cases, you will have a right of recourse to the denial of access. Please contact me if you have questions about access to your medical record.

**Right to Amend:** You may request, in writing, that your PHI be amended to correct inaccuracies. If your request is denied, you have the right to file a statement of disagreement and/or complaint.

**Right to an Accounting of Disclosures:** You may request an accounting of disclosures other than those made to you, for treatment purposes, or made as a result of your authorization, for a period of up to six years.

**Right to Request Restrictions:** You have the right to request additional restrictions of any part of your PHI for treatment, payment, health care operations or to family members involved in your care. Your request for restrictions must be in writing.

**Right to Request Confidential Communication:** You have the right to request, in writing, that you receive confidential communications from me by alternative means to those specified in the documentation provided by this practice.

**Right to a Copy of this Notice:** You have the right to obtain a copy of this notice. **Right to Opt Out:** You have the right to choose not to receive fundraising communications from your healthcare providers, as applicable.

**Right to Notice of Breach :** You have the right to be notified of any breach of your unsecured PHI.

**Contact Information:** Mr. Wilson acts as his own Privacy and Security Officer. If you have any questions about this Notice of Privacy Practices, you may direct them to him using the contact information provided in this document.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint in writing with Mr. Wilson, the Colorado State Department of Health, or to the US Secretary of Health and Human Services.

### **Acknowledgment and Signature**

I have read this Notice of Privacy Practices. I have been given the opportunity to ask questions, and I understand the information contained in this document.

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