

Silver Lining Counseling Services LLC  
Elizabeth Ross LMFT LPC  
12295 Oracle Blvd. Ste 210  
Colorado Springs, CO 80921  
Phone: 719-339-4179  
E-mail: [elizabeth@younifycounseling.com](mailto:elizabeth@younifycounseling.com)

## PRIVACY STATEMENT NOTICE OF PRIVACY RIGHTS

**THIS NOTICE CONTAINS INFORMATION CONCERNING HOW CONFIDENTIAL MENTAL HEALTH TREATMENT INFORMATION CONCERNING YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND LET US KNOW ANY QUESTIONS THAT YOU MAY HAVE CONCERNING THIS NOTICE.** During the process of providing services to you, Elizabeth Ross, LMFT, LPC will obtain and use mental health and medical information concerning you that is both confidential and privileged. Ordinarily this confidential information will be used in the manner that is described in this statement; and will not be disclosed without your consent, except for the circumstances described in this Notice.

### I. USES AND DISCLOSURES OF PROTECTED INFORMATION

- A. General Uses and Disclosures Not requiring the Patient' Consent, Elizabeth Ross, LMFT, LPC will use and disclose protected health information in the following ways.
1. **Treatment.** Treatment refers to the provision, coordination, or management of mental health care and related services by one or more health care providers. For example, Elizabeth Ross, LMFT, LPC Therapists and staff involved with your care may use your information to plan your course of treatment and consult with other health care professionals or their staff concerning services needed or provided to you.
  2. **Payment.** Payment refers to the activities undertaken by a health care provider to obtain or provide reimbursement for the provision of health care. For example, Elizabeth Ross, LMFT, LPC and other health care professionals will use information that identifies you, including information concerning your diagnosis, services provided to you, dates of services, and services needed by you, and may disclose such information to insurance companies, to businesses that review bills for health care services and handle claims for payment of health care benefits in order to obtain payment for services. If you are covered by Medicaid, information may be provided to the State of Colorado's Medicaid program, including but not limited to your treatment, condition, diagnosis, and services received.
  3. **Health Care Operations.** Health Care Operations means activities undertaken by health insurance companies, businesses that administer health plans and companies that review bills for health care services in order to prove claims for health care benefits. These functions include management and administrative activities. For example, such companies may use your health information in monitoring of service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business planning and Accreditation, certification, licensing and credentialing activities.
  4. **Contacting the Patient.** Elizabeth Ross, LMFT, LPC may contact you to remind you of appointments and to tell you about treatments or others services that might be of benefit to you.

5. **Required by Law:** Elizabeth Ross, LMFT, LPC will disclose protected health information when required by law. This includes but is not limited to; (a) reporting child abuse or neglect to the Department of Human Services or to law enforcement (b.) when court ordered to release information (c.) when there is a legal duty to warn of a threat that a client has made of imminent physical violence, health care professionals are required to notify the potential victim of such a threat, and report it to law enforcement: (d) when a client is imminently dangerous to herself/himself or to others, or is gravely disabled, health care professionals may have a duty to hospitalize the client in order to obtain a 72-hour evaluation of the client and (e.) when required to report a threat to the national security of the United States.
6. **Health Oversight Activities:** Your confidential, Protected health information may be disclosed to the health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, governmental health care benefit programs, and regulatory programs or determining compliance with program standards.
7. **Crimes on the premises or observed by Elizabeth Ross, LMFT, LPC.** Crimes that are observed by Elizabeth Ross, LMFT, LPC, that are directed toward staff, or occur on Elizabeth Ross, LMFT, LPC or premises will be reported to law enforcement.
8. **Business Associates:** Confidential Health care information concerning you/your child, provided to insurers or to plans for purposes or payment of services that you receive may be disclosed to business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information related to them.
9. **Research:** Protected health information concerning you-your child may be used with your permission for research purpose if the relevant provisions of the Federal HIPPA Privacy Regulations are followed.
10. **Involuntary Clients:** Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers and others, as necessary to provide the care and management coordination needed in compliance with Colorado law.
11. **Family Members:** Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed.
12. **Emergencies:** In life threatening emergencies, Elizabeth Ross, LMFT, LPC staff will disclose information necessary to avoid serious harm or death.

## 2. YOUR RIGHTS AS A CLIENT

- A. **Access to Protect Health Information.** You/your child have the right to receive a summary of confidential health information concerns you/your child's mental health services needed or provided to you/your child. There are some limitations to this right which will be provided to you at the time of your request if any such limitation applies. To make a request, ask Elizabeth Ross, LMFT, LPC for the appropriate request form.
- B. **Amendment of Your Record.** You have the right to request that Elizabeth Ross, LMFT, LPC is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your requests, if relevant, along with the appeal process available to you. To make a request, ask Elizabeth Ross, LMFT, LPC for the appropriate request form.

- C. **Accounting of Disclosures:** You have the right to right to receive an accounting of certain disclosures Elizabeth Ross, LMFT, LPC has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operation. In addition, the accounting does not include disclosures made prior to April 14, 2003. There are other exceptions that will be provided to you should request an accounting. To make a request, ask Elizabeth Ross, LMFT, LPC for the appropriate form.
- D. **Additional Restrictions.** You have the right to request additional restrictions on the use or disclosure of your health information. Elizabeth Ross, LMFT, LPC does not have to agree to that request and there are certain limits to any restriction, which will be provided to you at the time of your request. To make a request, ask Elizabeth Ross, LMFT, LPC for the appropriate form.
- E. **Alternative Means of Receiving Confidential Communications.** You have the right to request that you receive communications of protected health information from Elizabeth Ross, LMFT, LPC by alternative means or at alternative locations. For example, if you do not want Elizabeth Ross, LMFT, LPC to mail bills or other materials your home, you can request that this information be sent to another address. There are limitations to the granting of such requests, which will be provided to you at the time of the request process. To make a request, ask Elizabeth Ross, LMFT, LPC for the appropriate request form.
- F. **Copy of this Notice:** You have the right to obtain another copy of this Notice upon request.

3. **ADDITIONAL INFORMATION.**

- A. **Privacy Laws:** Elizabeth Ross, LMFT, LPC is required by State and Federal law to maintain the privacy of protected health information. In addition, Elizabeth Ross, LMFT, LPC is required by law to provide clients with notice of it's legal duties and privacy practices with respect to protected health information, That is the purpose of this Notice.
- B. **Terms of the Notice and Changes to the Notice.** Elizabeth Ross, LMFT, LPC is required to above by the terms of this Notice, or any amended Notice that may follow. Elizabeth Ross, LMFT, LPC, reserves the right to change the terms of the Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted in Elizabeth Ross, LMFT, LPC service delivery sites and will be available upon request.
- C. **Complaints Regarding Privacy Rights.** If you believe Elizabeth Ross, LMFT, LPC has violated your privacy rights, you have the right to complain to Elizabeth Ross, LMFT, LPC. Please submit a statement in writing addressed to Elizabeth Ross, LMFT, LPC, 7025 Tall Oak Drive, Suite 130, Colorado Springs, CO 80919, concerning your complaint and the basis for it. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 515H, HHH Building, Washington, D.D., 20201. It is the policy of Elizabeth Ross, LMFT, LPC that there will not be retaliation for your filing such complaints.
- D. **Additional Information.** If you desire additional information about your privacy rights from Elizabeth Ross, LMFT, LPC please ask me any questions that you have.

4. **EFFECTIVE DATE, THIS NOTICE IS EFFECTIVE January 1, 2012.**

I understand these disclosures. I have received a copy of this Disclosure Statement and Notice of Privacy Rights.

---

(Client Signature)