



## Notice of Privacy Practices

Please read carefully then sign and date on the last page.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

### **Uses and Disclosures**

**Treatment.** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment.** Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

**Health care operations.** Your health information may be used as necessary to support the day-to-day activities and management of Kopas Mental Health. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Law enforcement.** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Public health reporting.** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**Other uses and disclosures require your authorization.** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

## **Additional Uses of Information**

**Appointment reminders.** Your information will be used to contact you about appointments and/or your care using HIPAA-complaint technologies, including secure messaging in the client portal, Google Hangouts, text, or HIPAA-compliant email. Your information may also be known by students or trainees in the process of learning. By consenting to care with Kopas Mental Health, you agree that we may use the necessary methods to contact you. Please be aware that you may be required to provide a password that only you know to identify yourself when you communicate with a representative of Kopas Mental Health.

## **Individual Rights**

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

## **Kopas Mental Health Duties**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

## **Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

## **Complaints**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Austin Kopas, PMHNP-BC  
Kopas Mental Health LLC  
Attn: Compliance  
102 South Tejon St Unit 1100 #365  
Colorado Springs, Colorado 80903

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

**Patients Under 18 Years of Age.** If a patient is under 18 years of age, parental consent, or legal guardian consent, is required prior to the first treatment appointment. By consenting to treatment, a parent or guardian of the patient validates that he or she will be the only person with access to the patient portal and that he or she is the only person who will have access to consent and acknowledgement forms to be electronically signed. In addition, a parent or guardian must be physically present with the child or adolescent for each treatment session.

**Effective Date**

This notice is effective on or after the date signed below

Acknowledgement of receipt:

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Patient/Guardian Signature

Date