



Notice of Privacy Practices (Brief Version)

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.

Our commitment to your privacy

As part of providing professional care to you, we will do all we can to maintain the privacy of what is called your “protected health information” (PHI). We are also required by law to keep your PHI private. These laws are complicated, and we must give you this important information. This page is a shorter description of what we do to maintain your privacy. If you would like to read the more detailed version, please let us know. It is also available on the website (<https://pinwheel-ps.com>). If you have any questions about our privacy practices or your rights, please let us know.

How we may use and/or disclose (share) your medical information:

We will use the information we collect about you mainly to provide you with treatment, to arrange payment for our services, and to comply with federal and state laws. You will be asked to sign a separate form to show that you understand the ways we handle your information. If you do not agree and do not sign form, we will not be able to treat you.

We may use or disclose (share) your PHI for several purposes. Some of these purposes require your consent/authorization, while others do not require your consent/authorization. For purposes that require your consent/authorization, we will discuss this with you so you fully understand it, and will also ask you to sign a release-of-information form to allow it.

Disclosing your health information without your consent:

There are some times when the laws require us to share your information without getting your consent. They are described in the longer version of our Notice of Privacy Practices, but here are some common situations:

1. When there is a serious threat to your or another person’s health or safety.
2. When there is suspicion of child abuse/neglect, or abuse, neglect, or exploitation of elderly or at-risk adults.
3. When we are required to do so by lawsuits and other legal or court proceedings.
4. When a law enforcement official requires us to do so.

Your Health Information Rights:

1. You can ask us to communicate with you in an alternative way that is more private for you. For example, you can ask us to call you at home, rather than at work, to schedule or cancel an appointment. We will try our best to accommodate all reasonable requests, and we don’t need an explanation. This request must be in writing.
2. You can ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends. This request must be in writing.
3. You have the right to look at the health information we have about you, such as your medical chart, case file, and billing records. You can get a copy of these records, and we can charge you for it. This request must be in writing.
4. If you believe that information in your record is incorrect or incomplete, you can request to add to (amend) the record. This request must be in writing.
5. You have the right to obtain a copy of this notice. If we change this notice, a new one will be posted on the website (<https://pinwheel-ps.com>). You may also request another copy at any time.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with us and with the U.S. Department of Health and Human Services. All complaints must be in writing. You will not be retaliated against for filing a complaint.

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Contact Information:

If you have any questions about this Notice or about these privacy policies, please contact the Compliance Officer, Dr. Jennifer Hill, by phone at (719) 208-6331 or by email at drhill@pinwheel-ps.com.