



Notice of Privacy Practices (NPP)

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.

For purposes of this Notice, "Pinwheel" and the pronouns "we," "us" and "our" refer to Pinwheel Psychological Services, PLLC. The pronouns "you" and "your" refer to you as the client, or as the parent/legally authorized representative of a client.

Pinwheel Psychological Services, PLLC understands that your medical information is sensitive and personal, and we are committed to protecting the privacy of your medical information. This Notice explains:

- What your medical information includes
- How Pinwheel may use and/or disclose (share) your medical information
- Your health information rights

You must agree to let Pinwheel use and share your PHI as described in this Notice. You will be asked to sign a separate form acknowledging your understanding of these practices before any services are provided to you. If you do not sign the acknowledgement form, Pinwheel will not be able to work with you.

This form is not legal advice. It is intended to describe your rights and Pinwheel's procedures. It is based on current federal and state laws and might change if those laws or court decisions change. As a business providing psychological services in Colorado, and under the professional ethics codes of the American Psychological Association and National Association of School Psychologists, Pinwheel maintains your privacy more carefully than is required by HIPAA. If these privacy practices change, they will apply to all the PHI in Pinwheel's possession. Some of the information in this Notice is complicated and detailed. Please let us know if you have questions.

What your medical information includes:

Each time you visit Pinwheel or any healthcare provider, information is collected about you and your physical or mental health. This information may be referred to as your "medical information", "health information", or "protected health information" (PHI). These terms refer to personal information that identifies you, and may include past, present, or future physical or mental health history, referral reasons, conditions, symptoms, diagnoses, tests, progress notes, treatments, and services. It may also include relevant legal information, as well as information related to payment for services (such as billing and insurance information).

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

There are many ways in which Pinwheel may use and/or disclose (share) your PHI, as permitted or required under state and federal law. These uses and disclosures may be in oral, paper, or electronic format. Some of these uses and disclosures require your consent or authorization, while others do not. In most cases, only the *minimum necessary* PHI needed for the specific purpose or outcome will be shared.

For uses and disclosures that require consent, you may cancel your consent in writing at any time. Pinwheel will then stop using or disclosing your information for that purpose. This effect is not retroactive, meaning it does not apply to any information that has already been used or disclosed.

Examples of when Pinwheel may use and/or disclose your PHI:

Treatment: Pinwheel may use your PHI to plan and provide your care, services, and treatment. These might include individual, family, and group therapy; psychological, educational, and vocational testing; and treatment planning. We may also use your PHI to determine how well the treatments or services are working for you, to measure the results of our work, and to improve the services we provide. If you are being treated by a team at Pinwheel Psychological Services, PLLC, we may disclose your PHI with the team members so that we can work together to provide you with the best care. Pinwheel will ask for your consent (and in most cases, ask you to sign a release-of-information form describing what information will be shared and why) in order to disclose information to healthcare professionals outside this office (such as a physician) or to disclose information to non-healthcare professionals, including your family members, friends, or other associates or agencies (unless disclosure is required by law).



Payment: Pinwheel may use PHI to document the services you received from us, create/send bills for services rendered, and document payments received from you. If payments will be made through a third-party payor (such as another individual or an insurance company), Pinwheel may disclose information relevant to billing/payment purposes (this may include your name, date of birth, diagnosis, treatment/services provided, etc.). Pinwheel may also contact your insurance company to find out what your insurance covers. Insurers may also look into client records to evaluate the completeness of Pinwheel's record keeping.

Communicating with you: Pinwheel may use PHI to communicate with you (for example, to call your phone number, send information to you, remind you of appointments, notify you of treatment alternatives, etc.). Pinwheel will ask for your consent before disclosing PHI to another individual (such as an individual taking a message for you) or via electronic media that others may have access to (such as email or voicemail systems). If you prefer to be contacted in a specific way, let us know.

Communicating with other individuals: You may request that information about you be shared with your family and anyone else you choose, such as close friends or clergy. You will be asked to sign a release-of-information form, which describes what information you want shared and identifies which person(s) you wish to receive the information. Your request will be honored as long as it is not against the law.

Public health/safety: We are required to report child abuse/neglect as well as abuse, neglect, or exploitation of elderly or at-risk adults to law enforcement and/or other public health authorities. If we come to believe that there is a serious threat to your health or safety, or that of another person, we are required to warn the person in danger, and contact authorities who can prevent the danger. This includes individuals at risk of contracting or spreading certain disease. In an emergency or disaster situation, we may disclose information (such as your location or condition) that we believe will help or protect you. We may also disclose information to help law enforcement officials with certain law enforcement duties. We may also disclose information to public health agencies/officials for the purpose of preventing or controlling disease, injury, or disability; and monitoring/improving the health care system and government programs.

Legal purposes: We are required to disclose PHI if compelled by a judge/court order. This applies to information maintained in the client's record, and does not apply to psychotherapy notes (maintained and kept separate from the client's record).

Breaches of information: If there is a breach of your PHI, we are required to notify you, law enforcement, and appropriate regulatory authorities of the situation and to help resolve the situation.

Business associates: Pinwheel may hire other businesses (called "business associates") to perform business-related jobs or tasks. Examples include businesses that provide copying or billing services. These business associates may need to receive some PHI to do their jobs properly. To protect your privacy, they are required to sign a contract agreeing to protect the privacy and security of your PHI.

Teaching/training/research: Pinwheel may disclose information about your condition, treatment, or other related issues to teach and train other professionals; or for research purposes. If your information is used or disclosed, all personally-identifying information will be removed so the information can never be associated with you.

Matters relating to deceased persons: Pinwheel may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants. Pinwheel may also disclose PHI to individuals involved in the healthcare or payment for healthcare of the deceased person. This disclosure will be limited to the information that is relevant to the person's involvement in or payment of healthcare services.

Specific government functions: Pinwheel may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. Pinwheel may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons and protection of public officials.

Comments/complaints: Pinwheel may use or disclose PHI to investigate and/or respond to your complaint(s) or comment(s).



Your Health Information Rights:

- You have the right to ask Pinwheel to limit what information is shared with people involved in your care or with payment for your care, such as family members and friends. This request must be in writing, and Pinwheel is not required to agree with your request. If you have paid for a service directly and in full (“out of pocket”) and are not asking the insurer to pay for those services, you can ask us not to share that information with your insurance company (unless the law requires otherwise, when there is an emergency, or when the information is necessary to treat you).
- You have the right to review and obtain a copy or summary of your PHI and billing records. This request must be in writing, and Pinwheel is permitted to charge you a reasonable cost-based fee to provide a copy or summary. If your records are in electronic form, you can ask for an electronic copy of your PHI (often at no cost). There is no charge to simply review the records. We may deny your request to review or obtain a copy of your PHI under certain circumstances (for example, if providing the records would be reasonably likely to endanger the life or physical safety of the individual or another person). If denied, you may request that this decision be reviewed by an independent licensed health care professional.
- You have the right to request that Pinwheel communicate with you using alternative means or at alternative locations. This request must be in writing. 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. Sending your information in emails has some risk that these emails could be read by someone else. We ask that you be thoughtful before including any PHI or other personal or sensitive information in an email, and encourage you to not use email for anything you want kept private.
- You have the right to add to (amend) your record if you feel that your PHI is incomplete or incorrect. This request must be in writing. If Pinwheel accepts your request, we are not required to delete any information from your record. Pinwheel may deny your request; if this happens, you will be notified in writing of the reason for the denial and your right to submit a statement disagreeing with the denial.
- You have the right to receive an accounting (list) of disclosures of your PHI. Each time Pinwheel discloses your PHI, a record will be kept documenting to whom the disclosure was made, when it was made, and what information it contained. Pinwheel may charge you a reasonable fee if you request more than one accounting in any 12-month period. If the disclosure was made in an electronic format, there will be no charge for an accounting.
- You have the right to obtain a copy of this Notice. If this Notice changes, a new one will be posted on the website (<https://pinwheel-ps.com>). You may also request another copy at any time.
- If you have a concern with how your PHI has been handled, or if you believe your privacy rights have been violated, please let us know right away. We will do our best to resolve any problems. You have the right to file a complaint with Pinwheel Psychological Services, PLLC, and with the U.S. Department of Health and Human Services using the contact information below. You will not be retaliated against for filing a complaint.

Pinwheel Psychological Services, PLLC
c/o Dr. Jennifer M. Hill
6050 Stetson Hills Blvd #111
Colorado Springs, CO 80923
(719) 208-6331

US Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201
(202) 619-0257

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.