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Notice of Privacy Practices

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.

Our commitment to your privacy:

Pinwheel Psychological Services, PLLC understands that your health information is sensitive and personal, and we are committed to protecting the privacy of your health information. This Notice is a brief description of what we do to maintain your privacy. If you would like to read the more detailed "Full" version, please let us know. It is also available on the website (<https://pinwheel-ps.com>). This information is important, but can be complicated. If you have any questions about our privacy practices or your rights, please let us know. This Notice explains:

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

What your health 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 health information:

We may use or disclose (share) your health information 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. The health information we collect is used 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. You may cancel your consent in writing at any time. Pinwheel will then stop using or disclosing your information for that purpose. This cancellation is not retroactive, meaning it does not apply to any information that has already been used or disclosed.

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:

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

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, friends, or an insurer. This request must be in writing, and we are not required to agree with your request.
- You have the right to look at and/or receive a copy or summary of your health information and billing records, or to request for this information to be sent to a third-party individual or entity. This request must be in writing, and we can charge you a reasonable cost-based fee. The requested records will be provided to you within 30 days. Your request may be denied under certain circumstances. You do not have a right to request access to psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
- You have the right to request that we communicate with you using alternative means or at alternative locations. This request must be in writing. We will try our best to accommodate all reasonable requests, and we don’t need an explanation.
- You have the right to add to, amend, or correct your record if you feel that your health information is incomplete or incorrect. This request must be in writing.
- You have the right to receive an accounting (list) of disclosures of your health information. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- You have the right to obtain a copy of this Notice at any time.
- If you believe your privacy rights have been violated, 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	US Department of Health and Human Services
Attn: Dr. Jennifer M. Hill 6050 Stetson Hills Blvd #111 Colorado Springs, CO 80923 (719) 208-6331	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.

(Updated 12/15/2022)