

**Rosamond Therapeutic Services, LLC**

Ida Seiferd LCSW

831 Royal Gorge Blvd Ste 226

Canon City, CO 81212

Phone: 303-801-8366

**NOTICE OF PRIVACY PRACTICES (HIPAA)**

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.

The United States Department of Health and Human Services, effective August 9, 2002, issued comprehensive federal regulations providing for protection of private medical information with which our office must comply. The final regulation, which went into effect on April 3, 2003, is designed to protect patient's identifiable health information. These protections are part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). (If more stringent state laws exist, these must be observed).

The HIPAA privacy rule states that after April 14, 2003, health providers must provide patients with a written Notice of Privacy Practices and make a good faith attempt to obtain a written acknowledgment of such. This information should be provided to patients prior to or at the time of the first delivery of health services, except in cases of emergency. However, if a written acknowledgment is not obtainable, the attempt by the provider to obtain it is sufficient to comply with this rule.

In addition, a Notice of Privacy Practices must be displayed prominently and be available for patients to take home. If the Notice is modified in the future, the new version must be displayed and available, and thereafter provided to patients at the time of their first session.

Required language from the Department of Health and Human Services Standards for Privacy of Individually Identifiable Health Information: "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."

The HIPAA of 1996 requires that health providers keep your medical and mental health information private. The HIPAA privacy rule states that health providers must also provide patients with a written Notice of Privacy Practices. This Notice is dated April 14, 2003. The Privacy Practices described in it will be in effect after this date and until or if they are replaced. Our office Privacy Offices may change from time to time. If changes are made, a new Notice of Privacy Practices will be displayed in our office and provided to clients. You may obtain additional copies of this Notice on request. Additional information may be obtained from the Contact Officer listed in this brochure. Patient records will be kept in locked file cabinets in my individual office. The office is locked when not in use.

Patient records will not be left in places where others are able to see the contents. Steps will be taken to assure that patient records are accessed only by us or by those in our, who may need to access them on our behalf or on the patient's behalf.

Patient records will be kept for at least seven years from the date of last treatment contact. With respect to the records of a minor, those records will be kept for at least seven years or until the patient is twenty-one years old, whichever is longer. Thereafter, patient records may be destroyed. When records are destroyed, it will be done in a manner that protects patient privacy and confidentiality.

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If health information is shared about a patient with third party business associates as part of health care operations (e.g., a billing or transcription service), a written contract with that business associate that contains terms that will protect the privacy of the patient's health information will be established.

**Uses and Disclosure of Information**

This is obtained from the Department of Health and Human Services, Standards for Privacy of Individually Identifiable Health Information, Parts 160-164. The following describes how information about you may be used.

*Treatment Services*

We will not disclose your health information without your written consent to our staff members, your physicians, and other providers taking care of you. We may provide you via mail, phone, or electronic contacts appointment reminders, recommendations of treatment alternatives, information about other health services or other office services.

*Payment and Operations*

With your written consent, we will provide your health information as required to allow for payment for services rendered and participation in quality assurance, licensing and certification programs.

*Marketing*

We will NOT use your health information for marketing purposes without your written consent.

*Legal Requirements*

We may disclose your health information when required by law. If mental health records are subpoenaed by an adverse party we will assert the psychotherapist-patient privilege on behalf of the patient and will thereafter act according to the wishes of the patient and the patient's attorney, unless we are ordered by a Court or other lawful authority to release records or portions thereof.

*Health and Safety*

If abuse or neglect or imminent dangerousness to self or others is reasonably suspected, we may disclose your health information to the appropriate government authorities and law enforcement.

*National Security*

We may disclose health information from military personnel to the Armed Forces. Information may be given to authorized federal authorities for intelligence and national security activities. Health information for inmates in custody of law enforcement may also be provided to correctional facilities with proper signed permission.

*Family Members, Friends and Others involved in Your Care*

We must have your written permission to disclose your health information to a family member or other person if necessary to assist with your treatment for payment for services. According to HIPAA, we may disclose your health information to these persons in the event of an emergency situation without your permission. We must have your written permission to make information available so that another person may pick up records for you. Your information may not be disclosed to assist in notifying a family member, caregiver, or personal representative of your location, condition or death.

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### **Patient Rights**

Under most circumstances, you have the right to see your information and receive copies of your records. Your request must be made in writing. You may be charged for the cost of making copies and postage. Details of all costs are available from the contact officer.

You may request a listing of any situations where we or our business disclosed your health information for purposes other than treatment, payment, or other activities for the last 6 years, but not before April 14, 2003. You may be charged for costs associated with our response.

A request must be made in writing if you believe that changes should be made to your health information. You must provide an explanation as to why changes should be made. Changes may be refused under certain circumstances.

You can ask your provider or health insurer not to share your health information with certain people, groups, or companies. For example, if there is more than one provider in an office, you could ask your provider not to share your medical record with the other providers. However, they do not have to agree to do what you ask.

You can make reasonable requests to be contacted at different places or in a different way. For example, you can have the provider call you at your office instead of your home, or send mail to you in an envelope instead of on a postcard. If sending information to you at home might put you in danger, your health insurer must talk, call, or write to you where you ask and in the way you ask, if the request is reasonable.

### **Patient Authorizations**

You may give us your written authorization to use and disclose your health information to anyone and for any purpose. This authorization may be revoked, in writing, at any time. Without your written permission, disclosures about your health information are limited to those listed in this Notice.

### **Complaints**

If you believe your information was used or shared in a way that is not allowed under the privacy law, or if you were not able to exercise your rights, you can file a complaint with your provider or health insurer or the U.S. Government.

### **More information?**

This is a brief summary of your rights and protections under the federal health information privacy law. You can ask us or your health insurer any questions about how your health information is used or shared and about your rights. You also can learn more, including how to file a complaint with the U.S. Government, at the website [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/).

**Contact for questions:** Ida Seiferd LCSW Telephone: 303-801-8366 Mailing Address: 831 Royal Gorge Blvd #226 Canon City, CO 81212

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**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires that health care providers offer clients the option to read and/or receive a copy of the NOTICE OF PRIVACY PRACTICES and make a good faith effort to obtain an acknowledgment of receipt of same. By signing this form, I confirm that I have read and/or received a copy of the NOTICE OF PRIVACY PRACTICES of this office.

PRINTED Name of Client \_\_\_\_\_

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Legal Guardian/Representative Signature (if applicable) Date

For Office use only Written acknowledgment was not obtained due to:

\_\_\_ Emergency Situation \_\_\_ Communication Problem \_\_\_ Client refused to sign

\_\_\_ Other: \_\_\_\_\_

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**MANDATORY DISCLOSURE STATEMENT**

Welcome!! I am looking forward to meeting with you and hope that we will work together on forming a supportive relationship that will allow you to get what you came for. I will do my best to ask you respectful and thought provoking questions and to provide you with my honest feedback to the things you discuss. I invite you to do the same. Here are some things that the State of Colorado and the Federal Government require psychotherapists to share with their clients. Feel free to ask me questions about anything that is unclear to you. My name is Ida Seiferd. I am a Licensed Clinical Social Worker with the Colorado Department of Regulatory Agencies (DORA), license # CSW.09923837, since 2014. I received my Masters of Social Work degree in 2012 from the University of Denver, and my Bachelor's of Social Work degree in 2006 from the University of Nevada, Reno. I have additional certification in Animal Assisted Therapy, and am in the process of obtaining EMDR certification and becoming a Licensed Addictions Counselor with DORA.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Licensed Professional Counselor Examiners and the Board of Addiction Counselor Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: - Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state. - Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience. - Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience. - Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience. - Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. - Licensed Social Worker must hold a masters degree in social work. - Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. - Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. - A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

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Signature of Client

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Date