

*Theodore Henderson, M.D., Ph.D.*  
*Dr. Theodore Henderson, Inc.*  
*Child, Adolescent, and General Psychiatry*  
*3979 E. Arapahoe Road, Suite 200*  
*Centennial CO 80122*

**THIS NOTICE WILL EXPLAIN HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AS WELL AS HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

Your health record contains personal information about you and your health. This personal information about you relates to your past, present or future physical or mental health condition, and related health care services is referred to as Protected Health Information ("PHI"). Your PHI information includes your identity, diagnosis, dates of service, treatment plan and progress in treatment. This Notice of Privacy Practices describes how your PHI may be disclosed or used in accordance with applicable law. It also describes your rights regarding how you may gain access to and control of your PHI.

Physicians are required by law to maintain the privacy of PHI and to provide you with notice of the legal duties and privacy practices with respect to PHI. Physicians are required to abide by the terms of the Notice of Privacy Practices. The right to change the terms of the Notice of Privacy Practices at any time is maintained. Any new Notice of Privacy Practices will be effective for all PHI that are maintain at that time. You will be provided a copy of the revised Notice of Privacy Practices by mail upon request or providing one to you at your next appointment.

**HOW YOUR PERSONAL HEALTH INFORMATION MAY BE DISCLOSED OR USED**

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members and for coverage arrangements during my absence. In any of these instances, only the information necessary to complete the task will be provided. A consent for disclosure to your primary care physician (PCP) is/will be established at the time of your initial evaluation. Your PHI will not be disclosed to any other person without your authorization.

**Required by Law.** Under the law, your PHI must be provided to you upon your request., except in instances where disclosure of this information might cause you mental/emotional harm. In addition, PHI must be disclosed to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the requirements of the Privacy Rule. PHI may be disclosed for public health activities oversight. For example, reporting to a public health or other government authority for the purpose of preventing or controlling disease, injury or disability, or for the reporting of child abuse or neglect.

**Without Authorization.** Applicable law and ethical standards permit the disclosure of PHI without your authorization only in a limited number of other situations. Disclosure may be made without your authorization in the following circumstances:

- Mandatory reporting of child abuse or neglect: If there is concern that a child or elder has been a victim of child abuse, neglect or domestic violence, PHI may be disclosed to notify a government authority as required and authorized by law.
- Mandatory government agency audits or investigations: PHI may be disclosed to health or regulating agencies that provide the oversight activities authorized by law, such as the medical licensing board or the health department.
- Court order: PHI may be disclosed in response to a court or administrative order. In those cases, a signed release of information will always be sought from the patient or responsible party prior to releasing Court ordered records.
- To avert or lessen a serious and imminent threat to the health or safety of a person or the public: If PHI is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- Law enforcement purposes: PHI may be disclosed as required by law to comply with reporting requirements and for reasons related to national security.

**Verbal Permission.** PHI of those patients under eighteen years of age may be disclosed to family members that are directly involved in their treatment with their verbal permission. For those patients over eighteen years of age, a signed release of information will be required prior to any release of PHI with a family member. This does not preclude interviewing a family member to gather information, but information will NOT be given out.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

**Uncontrollable Consequences** The diagnosis of a medical illness, including substance abuse/dependence or a psychiatric illness, may be taken into account in the determination of insurance premiums, employment, and/or eligibility for certain forms of life or disability insurance, as well as other unforeseen consequences. These consequences are beyond the control of the diagnosing or treating physician.

*Theodore Henderson, M.D., Ph.D.*  
*Dr. Theodore Henderson, Inc.*  
*Child, Adolescent, and General Psychiatry*  
*3979 E. Arapahoe Road, Suite 200*  
*Centennial CO 80122*

**YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to Theodore Henderson, M.D., Ph.D.

- Right of Access to Inspect and Copy - You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. A reasonable, cost-based fee for copies may be charged.
- Right to Amend - If you feel that the PHI about you is incorrect or incomplete, you may ask me to amend the information, although it is not required that I must agree to make the amendment.
- Right to an Accounting of Disclosures - You have the right to request an accounting of the PHI disclosures that have been made. A reasonable fee may be charged for the administrative task involved in compiling this accounting.
- Right to request Restrictions - You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. Regulations do not require a physician to agree to your request.
- Right to Request Confidential Communication - You have the right to request that communication with you about medical matters is performed in a certain way or at a certain location.
- Right to a copy of this Notice - You have the right to a copy of this notice.

**COMPLAINTS**

If you believe your privacy rights have been violated, you have the right to file a complaint in writing with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **The physician will not retaliate against you for filing a complaint.**

**Notice of Privacy Practices Receipt and Acknowledgment of Notice**

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of this Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Dr. Henderson. I also acknowledge that Dr. Henderson will not be held responsible, civilly or legally, for the unintended consequences of any diagnosis given.

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature or Parent, Guardian or Personal representative**

\_\_\_\_\_  
**Date**

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (parent, guardian, power of attorney, healthcare surrogate, etc).

**Patient Refuses to Acknowledge Receipt:**

\_\_\_\_\_  
**Signature of Staff Member**

\_\_\_\_\_  
**Date**