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**Kate King Art Therapy & Psychotherapy, PLLC**  
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## **HIPAA DISCLOSURE FORM – BRIEF VERSION**

### **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.

#### **My commitment to your privacy**

My practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. I am also required by law to keep your information private. These laws are complicated, and I am required by law to give you this important information.

#### **How I use and disclose your protected health information with your consent**

I will use the information collected about you mainly to provide you with **treatment**, to arrange **payment** for my services, and for some other business activities that are called, in the law, **health care operations**. After you have read this notice I will ask you to sign a **consent form** to let me use and share your information in these ways. If you do not consent and sign this form, I cannot work therapeutically with you. If I want to use or send, share, or release your information for other purposes, I will discuss this with you and ask you to sign an authorization form to allow this.

#### **Disclosing your health information without your consent**

There are some times when the laws require me to use or share your information. For example:

1. When there is a serious threat to yours or another's health and safety or to the public. I will only share information with persons who are able to help prevent or reduce the threat.
2. When I am required to do so by lawsuits and other legal or court proceedings.
3. If a law enforcement official requires me to do so.
4. For workers' compensation and similar benefit programs.

There are some other rare situations. They are described in the longer version of our notice of privacy practices.

#### **Your rights regarding your health information**

1. You can ask me to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment. I will try my best to do as you ask.
2. You can ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends.
3. You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records, but I may charge you for it.
4. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation through a request in writing. You must also tell me the reasons you want to make the changes.
5. You have the right to a copy of this notice. If I change this notice I will post the new version in our waiting area, and you can always get a copy of it.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way. Also, you may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. I will be happy to discuss these situations with you now or as they arise. If you have any questions regarding this notice or my health information privacy policies, please contact me by phone at: 970.319.9960 or by my address: 825 E. Speer Blvd. Suite 203, Denver, CO, 80218.

**I have read the above Privacy Policy carefully, and I understand and agree to comply with them:**

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Client name (print)

Date

Signature

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Kate King, MA, ATR, LPC

Date

Signature