NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN ACCESS THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

Dr. Courtney Russell Psychological Services

Practice Address: 509 Bear Dr, Golden, CO 80403

Mailing Address: P.O. Box 346, Leadville, CO 80461

Telephone: (719) 881-1351

Website: https://www.drrussellpsych.com/

Privacy Contact: Courtney Russell, PsyD, Licensed Psychologist

Effective Date: 08/03/2026

I. My Pledge Regarding Your Health Information

I understand that information about you, your health, and the healthcare services you receive is personal. I am committed to protecting the privacy and security of your health information.

I create and maintain records of the psychological services and other healthcare services I provide. I need these records to provide you with quality care, operate my practice, obtain payment for services when applicable, and comply with legal and professional requirements.

This Notice of Privacy Practices (“Notice”) applies to protected health information (“PHI”) maintained by Dr. Courtney Russell Psychological Services.

I am required by law to:

- Maintain the privacy and security of your PHI;
- Provide you with this Notice describing my legal duties and privacy practices with respect to your PHI;
- Notify you following a breach of your unsecured PHI when notification is required by law;
- Follow the terms of the Notice that is currently in effect.

I may change the terms of this Notice and my privacy practices. Any revised Notice may apply to PHI that I already maintain as well as PHI that I receive or create in the future.

When this Notice is revised, the current Notice will be available upon request and at my practice location. The current Notice will also be available on my website, as required by law.

II. How I May Use and Disclose Your Protected Health Information

The following sections describe categories of ways in which I may use and disclose your PHI.

Not every possible use or disclosure within a category is listed. However, uses and disclosures of PHI will be made only as permitted or required by applicable law.

Treatment

I may use and disclose your PHI to provide, coordinate, or manage your healthcare and related services.

For example, I may disclose relevant information to another healthcare professional involved in your treatment or consult with another healthcare professional regarding your care.

Disclosures of PHI for treatment purposes are generally not subject to HIPAA's minimum necessary standard because healthcare professionals may need appropriate information to provide and coordinate care.

Payment

I may use and disclose your PHI for activities necessary to obtain payment for healthcare services.

For example, I may disclose information to a health insurance plan or other third-party payer to submit claims, determine eligibility or coverage, obtain authorization for services, respond to requests for information regarding medical necessity, coordinate benefits, collect amounts owed, or otherwise obtain payment for services.

Healthcare Operations

I may use and disclose your PHI for healthcare operations necessary to operate my practice.

Healthcare operations may include quality assessment and improvement activities, reviewing the effectiveness of services, professional consultation, licensing and credentialing activities, audits, legal and compliance activities, business planning, administrative activities, and other activities permitted by law

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III. Business Associates

I may disclose PHI to individuals or organizations known as “business associates” that perform services on behalf of my practice and require access to PHI to perform those services.

Business associates may include, for example, electronic health record providers, billing services, secure communication providers, cloud-based service providers, accountants, attorneys, consultants, information technology providers, document storage or destruction services, and other vendors that perform services for the practice.

When required by law, business associates must enter into written agreements requiring them to appropriately safeguard PHI.

IV. Uses and Disclosures That May Be Made Without Your Written Authorization

Subject to the requirements and limitations of applicable law, I may use or disclose your PHI without your written authorization in certain circumstances, including the following:

When Required by Law

I may use or disclose PHI when required to do so by federal, state, or local law. Any disclosure will be limited to the requirements of the applicable law.

Public Health Activities

I may disclose PHI for certain legally authorized public health activities, such as reporting information to public health authorities or preventing or controlling disease, injury, or disability, when permitted or required by law.

Reporting Abuse, Neglect, or Exploitation

I may disclose PHI when I am required or permitted by law to report suspected abuse, neglect, or exploitation of a child, at-risk elder, at-risk adult, or other protected individual.

Serious Threats to Health or Safety

I may use or disclose PHI when permitted or required by law and when I believe disclosure is necessary to prevent or reduce a serious and imminent threat to the health or safety of a person or the public.

Disclosures will be made only to persons or entities reasonably able to prevent or reduce the threat, or as otherwise permitted or required by law.

Health Oversight Activities

I may disclose PHI to legally authorized health oversight agencies for activities such as audits, investigations, inspections, licensing proceedings, disciplinary proceedings, credentialing activities, and other activities authorized by law.

Judicial and Administrative Proceedings

I may disclose PHI in response to a valid court order, administrative order, subpoena, discovery request, or other lawful process when the requirements for disclosure under applicable law have been satisfied.

When appropriate and legally permitted, I may seek your written authorization before disclosing information.

Mental health records and psychotherapy notes may receive additional protections under federal or state law.

Law Enforcement Purposes

I may disclose PHI to law enforcement officials when permitted or required by law, including in response to certain legal processes, to report crimes occurring on the premises, to identify or locate certain individuals, or in other circumstances authorized by law.

Workers' Compensation

I may disclose PHI as authorized by and to the extent necessary to comply with workers' compensation laws and other similar programs established by law.

Coroners and Medical Examiners

I may disclose PHI to coroners or medical examiners when permitted or required by law for purposes such as identifying a deceased person or determining cause of death.

Government Functions

I may disclose PHI for certain specialized government functions when authorized by law.

V. Appointment Reminders, Treatment Alternatives, and Health-Related Services

I may use or disclose PHI to contact you regarding appointment reminders.

I may also contact you to provide information about treatment alternatives or other health-related benefits or services that may be of interest to you, as permitted by law.

You may request that I use particular methods of communication or contact you at particular locations. I will accommodate reasonable requests as required by law.

VI. Disclosures to Family Members, Friends, and Others Involved in Your Care

With your agreement, when you do not object, or when I can reasonably infer from the circumstances that you do not object, I may disclose PHI relevant to a family member, friend, or other person involved in your healthcare or payment for your healthcare.

If you are unable to agree or object because of incapacity, an emergency, or another circumstance, I may disclose relevant PHI when permitted by law and when, in my professional judgment, the disclosure is in your best interests.

Any disclosure will be limited to information directly relevant to that person's involvement in your care or payment for your care, except as otherwise permitted or required by law.

VII. Uses and Disclosures That Generally Require Your Written Authorization

Uses and disclosures of PHI not described in this Notice will generally be made only with your written authorization.

If you provide written authorization for the use or disclosure of PHI, you may revoke that authorization in writing at any time.

Revocation will not affect uses or disclosures already made in reliance on a valid authorization before I received your revocation.

Psychotherapy Notes

To the extent that I create and maintain psychotherapy notes as that term is defined by HIPAA, most uses and disclosures of those notes require your written authorization.

HIPAA defines psychotherapy notes as notes recorded by a mental health professional documenting or analyzing the contents of conversations during private counseling sessions or group, joint, or family counseling sessions that are maintained separately from the rest of the individual's medical record.

Psychotherapy notes do not include medication prescription and monitoring information, counseling session start and stop times, modalities and frequencies of treatment, results of clinical tests, diagnoses, functional status, treatment plans, symptoms, prognosis, progress, or other information specifically excluded from the HIPAA definition.

Authorization is not required for certain uses or disclosures of psychotherapy notes permitted by law, including:

My use of the psychotherapy notes to provide treatment to you;

- Use or disclosure for certain training or supervision activities permitted by HIPAA;
- Use or disclosure to defend myself in a legal action or other proceeding initiated by you;
- Use or disclosure to the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA;
- Use or disclosure when required by law and limited to the requirements of that law;
- Use or disclosure for certain health oversight activities involving the originator of the psychotherapy notes;
- Use or disclosure to a coroner or medical examiner when permitted or required by law; or
- Use or disclosure when necessary to prevent or reduce a serious and imminent threat to the health or safety of a person or the public, as permitted by law.

Marketing

I will obtain your written authorization before using or disclosing PHI for marketing purposes when authorization is required by law.

I do not use or disclose PHI for marketing purposes in exchange for financial remuneration.

Sale of PHI

I will not sell your PHI.

If a proposed disclosure of PHI would constitute a sale of PHI under HIPAA, I will obtain your written authorization as required by law.

Fundraising

I do not use or disclose PHI for fundraising purposes.

VIII. Your Rights Regarding Your Protected Health Information

You have the following rights regarding PHI that I maintain about you, subject to certain limitations and requirements under applicable law.

Right to Request Restrictions

You have the right to request restrictions on certain uses or disclosures of your PHI for treatment, payment, or healthcare operations.

I am generally not required to agree to your request.

If I agree to a restriction, I will comply with that restriction except as permitted or required by law.

Right to Restrict Certain Disclosures to Health Plans When You Pay Out of Pocket in Full

If you pay for a healthcare item or service out of pocket in full, you may request that I not disclose PHI relating solely to that item or service to a health plan for payment or healthcare operations purposes.

When the requirements established by law are satisfied, I am required to agree to that restriction unless disclosure is otherwise required by law.

Right to Request Confidential Communications

You have the right to request that I communicate with you about your PHI in a particular way or at a particular location.

For example, you may request that I contact you only at a particular telephone number or send correspondence to a particular address.

I will accommodate reasonable requests as required by law.

You are not required to explain the reason for your request.

Right to Inspect and Obtain Copies of Your PHI

You have the right to inspect and obtain a copy of PHI maintained about you in a designated record set, subject to certain exceptions and limitations under applicable law.

Psychotherapy notes, as defined by HIPAA, are generally excluded from the HIPAA right of access.

You may request that records be provided in paper or electronic form. If the requested form and format are readily producible, I will provide the records in that form and format. If they are not readily producible, I will work with you to provide the records in another readable form and format as required by law.

I will act on your request no later than 30 calendar days after receiving it, as required by HIPAA. If additional time is permitted and needed, I may extend the response period once for up to an additional 30 calendar days and will provide you with written notice explaining the reason for the delay and the expected completion date.

In certain circumstances, I may deny access to some or all of the requested PHI as permitted by law. Some denials may be subject to review by another licensed healthcare professional who was not involved in the original decision to deny access.

If you agree in advance, I may provide a summary or explanation of your PHI instead of providing copies of the requested records.

I may charge a reasonable, cost-based fee permitted by applicable federal and state law.

Right to Request an Amendment

If you believe that PHI maintained about you is incorrect or incomplete, you have the right to request an amendment to your PHI for as long as the information is maintained in the designated record set.

Your request must be made in writing and may be required to include a reason supporting the requested amendment.

I may deny your request for reasons permitted by law.

If I deny your request, I will provide you with a written explanation of the denial and information regarding your rights to submit a statement of disagreement and take other actions permitted by law.

I will act on your request within 60 days after receiving it. If additional time is permitted and needed, I may extend the response period once for up to an additional 30 days and will provide you with written notice explaining the reason for the delay and the expected completion date.

Right to Receive an Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your PHI made during the six years

preceding the date of your request.

The accounting will not include certain disclosures excluded by law, which may include disclosures made for treatment, payment, or healthcare operations; disclosures made directly to you; disclosures made pursuant to your written authorization; and certain other disclosures excluded from the accounting requirement.

I will act on your request for an accounting no later than 60 days after receiving it. If additional time is permitted and needed, I may extend the response period once for up to an additional 30 days and will provide you with written notice explaining the reason for the delay and the expected completion date.

The first accounting you request within a 12-month period will be provided without charge.

I may charge a reasonable, cost-based fee for additional requests within the same 12-month period. If a fee will be charged, I will inform you of the anticipated cost in advance and provide you with an opportunity to withdraw or modify your request.

Right to Receive Notification of a Breach

You have the right to receive notification following a breach of your unsecured PHI when notification is required by applicable law.

Right to Obtain a Copy of This Notice

You have the right to obtain a paper copy of this Notice at any time.

You may also request an electronic copy of this Notice.

You have the right to receive a paper copy even if you previously agreed to receive this Notice electronically.

IX. Complaints

If you believe your privacy rights have been violated, you may file a complaint with Dr. Courtney Russell Psychological Services by contacting:

Courtney Russell, PsyD, Licensed Psychologist

Privacy Contact

P.O. Box 346

Leadville, CO 80461

Telephone: (719) 881-1351

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services through the Office for Civil Rights.

You will not be retaliated against, denied treatment, or otherwise penalized for filing a complaint.

X. Changes to This Notice

I reserve the right to change the terms of this Notice and my privacy practices.

Changes may apply to PHI that I already maintain as well as PHI I create or receive in the future.

When this Notice is materially revised, I will make the revised Notice available upon request and at my practice location and will otherwise provide or post the revised Notice as required by applicable law.

The effective date of the current Notice appears at the beginning of this document.