



## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MENTAL HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

In the course of providing services to you, UpLoft, PLLC (“UpLoft”) and Lawson Arnett, LPC-C, MFT-C, will obtain, record, and use mental health and medical information about you that is considered Protected Health Information, or “PHI.” PHI is defined as “individually identifiable health information” that is created or received by a healthcare provider and relates to your past, present, or future physical or mental health condition, the provision of healthcare to you, or payment for healthcare services. This information either identifies you or could be used to identify you.

At UpLoft, we are committed to protecting your privacy and safeguarding your PHI in accordance with the Health Insurance Portability and Accountability Act (HIPAA), Colorado state law, and the ethical standards of the American Counseling Association (ACA) and the American Association for Marriage and Family Therapy (AAMFT). This Notice explains how we use and disclose your PHI, your rights regarding that information, and our responsibilities as your care provider.

HIPAA and other laws regulate the use and disclosure of PHI, particularly when it is transmitted electronically. This Notice describes UpLoft’s policies and procedures to ensure the confidentiality, integrity, and lawful use of your PHI.

### Protected Health Information (PHI)

#### What is PHI?

Protected Health Information (PHI) includes any information that can identify you and relates to:

- Your past, present, or future physical or mental health condition.
- The provision of healthcare to you.
- Payment for your healthcare services.

#### PHI may include:

- Personal identifiers: Name, address, phone number, email, date of birth, Social Security number, and insurance details.
- Medical records: Health history, diagnoses, treatment plans, progress notes, and session recordings linked to your identity.
- Financial records: Billing and payment information.

## What is Not PHI?

- De-identified Data: Information stripped of all identifiers, making it impossible to trace back to you.
- Educational Materials: Handouts or resources shared during therapy sessions.
- Personal Notes: Notes kept by the therapist solely for personal use that are not part of your medical record.
- Public Information: Health-related details you share publicly or on social media.

Understanding the distinction between PHI and non-PHI clarifies how your privacy is protected under HIPAA.

## Uses and Disclosures Not Requiring Consent

We may use or disclose PHI without additional consent or authorization for the following purposes:

### 1. Treatment

We may use and disclose PHI to coordinate or manage your care. For example, we may consult with other licensed healthcare providers to better address your needs. If session recordings are used internally to analyze themes or improve documentation, these will remain secure and confidential.

### 2. Payment

We may use PHI to bill and receive payment for services, including communication with your health insurance company to determine eligibility or coverage.

### 3. Health Care Operations

PHI may be used for internal administrative tasks such as quality improvement, training, or securely leveraging tools to streamline practice management. **Any use of AI tools for administrative purposes excludes PHI and is limited to encrypted, de-identified data to ensure compliance with privacy regulations.**

**Note:** We may contact you for appointment reminders or to share information about treatment alternatives or health-related benefits that may interest you.

## Prohibition on PHI in AI Processing

Under no circumstances will PHI, including any personally identifiable information, be input into AI tools. AI tools used by UpLoft are limited to administrative tasks and the analysis of encrypted, non-identifiable data. This ensures compliance with HIPAA and preserves your confidentiality.

## Uses and Disclosures of PHI Requiring Authorization

Your written authorization is required for:

- **Session Recordings and AI Beyond Standard Care:** If recordings or AI tools are used for purposes beyond treatment (e.g., training or supervision), we will obtain your explicit consent.
- **Psychotherapy Notes:** Notes kept separate from your medical record require authorization for release.
- **Other Uses:** Any use of PHI not described in this Notice requires your prior written authorization.

You may revoke your authorization at any time in writing, except to the extent that we have relied on it.

## Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in certain circumstances, including, but not limited to:

- **Child or At-Risk Adult Abuse:** If I have reasonable cause to know or suspect that a child has been subjected to abuse or neglect or an at-risk adult has been mistreated, self-neglected, or financially exploited or is at imminent risk of mistreatment, self-neglect, or financial exploitation, then I must report this to the appropriate authorities.
- **Health Oversight Activities:** If the Colorado state licensing board or an authorized professional review committee is reviewing my services, I may disclose PHI to that board or committee.
- **Judicial and Administrative Proceedings:** If you are involved in a court proceeding where you are being evaluated for a third party or where the evaluation is court ordered, I may disclose PHI to the court. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to me a serious threat of imminent physical violence against a specific person or persons, including those identifiable by association with a specific place, I have a duty to notify any person or persons specifically threatened, as well as a duty to protect by taking other appropriate action. If I believe that you are at imminent risk of inflicting serious harm on yourself, I may disclose information necessary to protect you. In either case, I may disclose information in order to initiate hospitalization.
- **Business Associates:** UpLoft may enter into contracts with business associates that are outside entities to provide billing, legal, auditing, and practice management services. In those situations, protected health information will be provided to those contractors as needed to

perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.

- **In Compliance with Other State/Federal Laws and Regulations:** PHI may be disclosed when the use and disclosure is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS), to a medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions (fitness for military duties, eligibility for VA benefits, etc.)

## Client Rights

When it comes to your PHI, you have certain rights. This section explains your rights and some of UpLoft's responsibilities to help you.

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information regarding you. The request must be in writing, and I am not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket:** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.

## Provider's Duties

As a mental health provider, I have certain duties to you related to your PHI. These are described below.

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I am required to notify you if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will send a revised Notice of Privacy Practices by mail or email to the address I have in your record.

## Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact the Privacy Officer, Lawson Arnett, LPC-C, MFT-C, at 720-222-3308 or [lawson@uploft.org](mailto:lawson@uploft.org)

If you believe that your privacy rights have been violated and wish to file a complaint with my office, you may send your written complaint to Lawson Arnett, LPC-C, MFT-C, at 7501 Village Square Drive, Ste 205 Castle Pines, CO 80108-3708 or [lawson@uploft.org](mailto:lawson@uploft.org). You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, or email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). UpLoft will not retaliate against you for exercising your right to file a complaint.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## Want to Learn More?

If you have questions about how your information is protected or are curious about our data controls and compliance measures, the owner is happy to discuss these topics. Please contact Lawson Arnett, LPC-C, MFT-C, at 720-222-3308 or [lawson@uploft.org](mailto:lawson@uploft.org).

This Notice is effective November 2024.