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NOTICE OF PRIVACY PRACTICES OF INSIGHT PSYCHOLOGICAL SERVICES, LLC

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.

This notice describes:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH ARVIND KARWAN, PH.D. (970-236-6111, ARVIND@INSIGHTPSYCHOLOGICALSERVICES.ORG) IF YOU HAVE ANY QUESTIONS.

I. Uses and Disclosures of Your Protected Health Information

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, please let me know. In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation

If you are not able to state your preference, for example if you are unconscious or otherwise incapacitated, I may go ahead and share your information if I believe it is in your best interest.

In these cases, I will never share your information unless you give me written permission:

- Marketing or fundraising purposes
- Sale of your information
- Most sharing of psychotherapy notes

Your health information will typically be used or shared in the following ways:

- Treatment – I can use your health information and share it with other professionals who are treating you. For example, a doctor treating you for an injury asks another doctor about your overall health condition.
- Running My Practice – I can use and share your health information to run my practice, improve your care, and contact you when necessary. For example, I can use health information about you to manage your treatment and services.
- Bill for Your Services – I can use and share your health information to bill and get payment from health plans or other entities. For example, I give information about you to your health insurance plan so it will pay for your services.

Colorado Confidentiality Protections and Other Applicable Limits – Colorado law generally prohibits me and my employees or associates from disclosing confidential communications made by you, or advice given to you, during

treatment without your consent, subject to legally recognized exceptions. Colorado law also generally protects these communications from compelled testimony without your consent, subject to applicable exceptions. All uses and disclosures described in this section are subject to applicable Colorado confidentiality and privilege laws, HIPAA, and, for records protected by it, 42 C.F.R. Part 2. When these laws impose different requirements, I will follow the applicable requirements that provide greater protection for your information. A disclosure permitted by HIPAA will not be made if Colorado law or Part 2 prohibits it. Likewise, a disclosure permitted or required by Colorado law will not be made if applicable federal law prohibits it. The descriptions below of disclosures without consent do not override these protections.

Part 2 Protections in Investigations and Legal Proceedings – I will not use or disclose your records protected by 42 C.F.R. Part 2, or provide testimony describing their contents, in civil, criminal, administrative, or legislative investigations or proceedings against you without your specific written consent or a court order meeting Part 2 requirements. When relying on a court order, you or the holder of the records must first receive notice and an opportunity to be heard, where required by Part 2 and its authorizing statute. Before I use or disclose the records under that order, it must also be accompanied by a subpoena or similar legal mandate compelling disclosure. These protections apply to all uses and disclosures described in this notice.

Special rules for substance use disorder records: If I maintain records about you that are protected by 42 C.F.R. Part 2, I generally must obtain your written consent before using or disclosing those records for treatment, payment, or health care operations. You may provide a single written consent covering all future uses and disclosures for those purposes. You may revoke that consent in writing, except to the extent that action has already been taken in reliance on it. Uses and disclosures not described in this notice will be made only with your written consent. For example, I must obtain your written consent before disclosing information from your Part 2 records to your health insurance plan so it can pay for your services.

Redisclosure According to HIPAA: When you consent to uses and disclosures for all future treatment and payment purposes and to run my practice, I may share your information with other substance use disorder treatment programs, healthcare provider's offices, and healthcare businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows.

I may use or disclose your protected health information without your consent or authorization in the following circumstances:

- Public Health and Safety Issues – I can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected child abuse or neglect
 - Reporting suspected abuse or neglect of an adult that is incapacitated, disabled, and/or dependent
 - Preventing or reducing a serious threat to anyone's health or safety
 - Preventing or reducing a serious threat to national security
- Research – I can use or share your information for health research.
- Compliance with the Law – I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to ensure that I am complying with federal privacy law.
- Health Oversight Activities – If the Colorado State Board of Psychologist Examiners or an authorized professional review committee is reviewing my services, I may share your health information to that board or committee.

- Work with a Coroner, Medical Examiner, or Funeral Director – I can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Organ and Tissue Donation Requests – I can share health information about you with organ procurement organizations.
- Address Workers' Compensation, Law Enforcement, and Other Government Requests – I can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
- Respond to lawsuits and legal actions – I may disclose health information in response to a court or administrative order, subpoena, or other legal process only when the disclosure is permitted or required by HIPAA, Part 2 when applicable, Colorado confidentiality and privilege laws, and other applicable law. A subpoena alone may not be sufficient to authorize disclosure of confidential psychotherapy or Part 2 records.
- Disclosures Related to Part 2 Records – When applicable and when the legal requirements are satisfied, Part 2 records may be used or disclosed without consent:
 - Within the program and to qualifying contractors assisting the program
 - During a bona fide medical emergency
 - To the Food and Drug Administration (FDA) concerning potentially unsafe products
 - To public health authorities for public health purposes, but only after the information has been de-identified in accordance with HIPAA requirements so that there is no reasonable basis to believe it can identify you.
 - For qualifying research
 - For qualifying audits, evaluations, and oversight
 - For cause-of-death reporting
 - To make an initial report of suspected child abuse or neglect
 - Regarding a crime or threat of a crime on program premises or against program personnel
 - Pursuant to a qualifying Part 2 court order and accompanying subpoena or similar mandate

II. Client Rights

When it comes to your protected health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. To exercise any of the rights described below, contact me using the contact information provided in this notice. I will explain the applicable request process and assist you with submitting your request.

- Right to Inspect and Obtain a Copy – You have the right to inspect and obtain a copy of your protected health information in my treatment and billing records and other records used to make decisions about you, for as long as that information is maintained, subject to exceptions permitted by law. You may request a paper or electronic copy, in accordance with applicable law. I may provide a summary instead only if you agree in advance to the summary and any associated fee. I may charge a reasonable, cost-based fee permitted by law for copies or an agreed-upon summary. If I deny access, I will provide a written explanation and tell you how to request review of the denial when a right to review applies.
- Right to Request a Correction – You have the right to request an amendment or correction of protected health information that you think is incorrect or incomplete for as long as the protected health information is maintained in the record. I may deny your request, in which case I will provide reason(s) for denial.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of protected health information by alternative means and at alternative locations. For example, you may not want a family member to know

that you are seeing me; in such cases, on your request, I can send written communications to another address. I will accommodate reasonable requests to communicate with you by alternative means or at alternative locations.

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of your protected health information. However, I am not required to agree to a restriction you request, for example, if it could affect your care. If I agree to your request, I may still share this information in the event that you need emergency treatment. If you pay for a service out-of-pocket in full, you may ask me not to disclose information about that service to your health plan for payment or health care operations. I will agree to the request unless a law requires me to make the disclosure.
- **Right to an Accounting** – You generally have the right to receive a list (accounting) of my disclosures of your protected health information, including date of disclosure, individuals protected health information was shared with, and why, for up to six (6) years prior to the date you make this request. The accounting will include all disclosures of protected health information except for those about treatment, payment, and health care operations, and certain other disclosures (e.g., any you have asked to be made). I will provide the first accounting in any 12-month period without charge. For additional accountings within that period, I may charge a reasonable, cost-based fee. I will tell you the fee in advance and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.
 - If you consented to disclosure of your Part 2 records through an intermediary using a general designation, you may submit a written request to that intermediary for a list of the persons or entities to which it disclosed your records during the previous three (3) years.
- **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 a Personal Representative** – If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your protected health information. I will verify the person's identity and legal authority before allowing them to act on your behalf, subject to applicable legal exceptions.
- **Right to Decline Fundraising Communications** – You have the right to choose not to receive fundraising communications from my practice. Before using or disclosing your Part 2 records for fundraising, I will provide clear notice and an opportunity to decline those communications. You may also contact me using the information in this notice to stop receiving fundraising communications.
- **Right to File a Complaint** – If you feel your privacy rights as outlined in this notice have been violated, you may file a complaint by either contacting me using the information on page 1 of this notice, by contacting the Colorado State Board of Psychologist Examiners at 1560 Broadway, Suite 1350, Denver, Colorado 80202, 1-303-894-7800, or by filing a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. I will not retaliate against you for filing a complaint.

III. Psychologist's Duties:

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and provide you with a copy of this notice.
- I will not use or share your information other than as described in this notice unless you tell me I can in writing. If you tell me I can, you may change your mind at any time; let me know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

IV. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on September 14, 2026.

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my website.

Questions about this notice may be directed to Arvind Karwan, Ph.D., 970-236-6111, arvind@insightpsychologicalservices.org.