

Silvertree Counseling Notice of Privacy Practices 02162026

Silvertree Counseling PLLC

office@silvertree-counseling.com

720-213-6755

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 02/16/2026

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

This Notice of Privacy Practices describes how we may use and disclose your PHI to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

I. GENERAL USES AND DISCLOSURES NOT REQUIRING CLIENT'S CONSENT

For Treatment, Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the client to use or disclose the client's personal health information without the client's written authorization, to carry out the health care provider's own treatment, payment, or health care operations. We may also disclose your PHI for the treatment activities of any health care provider in order to assist the clinician in diagnosis and treatment of your health condition. We may disclose your PHI to obtain payment for your health care services. For example, we may use your PHI to develop accounts receivable information, bill you, and provide information to your insurance company for services provided. We may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices, and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a client for health care from one health care provider to another.

Lawsuits and Disputes: We will disclose PHI when required by law or necessary for health care oversight. If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

With the exception of certain minors, incompetent clients, or involuntary clients, we will not disclose PHI to family members without the client's consent.

Subject to certain limitations in the law, we can use and disclose your PHI without your authorization for the following reasons:

1. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with me. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.

4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although my preference is to obtain an Authorization from you before doing so if I am so allowed by the court or administrative officials.
6. For law enforcement purposes, including reporting crimes occurring on my premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. For organ and tissue donation requests.

II. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

Disclosures to family, friends, or others: You have the right and choice to tell us that we may provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment for your health care, or to share your information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.

III. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no" if We believe it would affect your health care.
2. The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
3. The Right to See and Get Copies of Your PHI. Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information that we have about you. Ask us how to do this. We will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request. We may charge a reasonable cost-based fee for doing so.
4. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which We have disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask us to make). Ask us how to do this. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.
5. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say "no" to your request, but we will tell you why in writing within 60 days of receiving your request.
6. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this notice via email, you also have the right to request a paper copy of it.
7. The Right to Choose Someone to Act For You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.
8. The Right to Revoke an Authorization.
9. The Right to Opt-out of Communications and Fundraising from our Organization.
10. The Right to File a Complaint. You can file a complaint if you feel we have violated your rights by contacting us using the information on page one or by filing a complaint with the US Department of Health and Human Services, Office of Civil Rights at the following address:

- Online: www.hhs.gov/ocr/complaints

- Phone: 1-800-368-1019

- Mail: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201

IV. CHANGES TO THIS NOTICE

We reserve the right to change the terms of this notice and will inform you of any changes requiring re-authorization. You then have the right to object or withdraw as provided in this notice. We will not retaliate against you for filing a complaint.

We are required by law to maintain the privacy of, and provide individuals with, this notice or our legal duties and privacy practices with respect to protected health information.

Addendum to Notice of Privacy Practices: Substance Use Disorder Records Under 42 CFR Part 2

ADDENDUM TO NOTICE OF PRIVACY PRACTICES

Substance Use Disorder (SUD) Records Under 42 CFR Part 2

Effective Date: February 16, 2026

This Addendum supplements our Notice of Privacy Practices and explains the additional protections that apply to your substance use disorder (SUD) treatment records under federal law (42 CFR Part 2). These protections are **more stringent than HIPAA** and provide enhanced confidentiality for your SUD records.

WHAT ARE SUD RECORDS?

Substance use disorder records include any information that identifies you as having or having had a substance use disorder, or as having received substance use disorder diagnosis, treatment, or referral for treatment. These records receive special federal protection under 42 CFR Part 2.

HOW SUD RECORDS DIFFER FROM OTHER HEALTH INFORMATION

While HIPAA permits certain uses and disclosures of protected health information without your authorization, the rules are different for SUD records. **Your written consent is generally required before we may use or disclose your SUD records for treatment, payment, or health care operations.**

Key differences include:

- **Consent requirement:** Unlike other health information, we generally cannot share your SUD records for treatment, payment, or health care operations without your written consent.
- **Single consent option:** You may provide a single written consent that covers all future uses and disclosures of your SUD records for treatment, payment, and health care operations.
- **Enhanced restrictions on legal proceedings:** Your SUD records have stronger protections against use in legal proceedings (see below).

RESTRICTIONS ON USE IN LEGAL PROCEEDINGS

SUD records received from programs subject to 42 CFR Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

This means your SUD treatment information cannot be used against you in most legal proceedings without either your consent or a specific court order that follows required procedures.

POTENTIAL REDISCLOSURE OF YOUR RECORDS

If your SUD records are disclosed pursuant to the HIPAA Privacy Rule (for example, after you provide consent for disclosure to another healthcare provider), those records could potentially be redisclosed by the recipient and may no longer be protected under the HIPAA Privacy Rule. However, any redisclosure must comply with applicable law, and recipients of your SUD records will receive a notice prohibiting redisclosure without your additional consent or as otherwise permitted by 42 CFR Part 2.

YOUR RIGHTS REGARDING SUD RECORDS

In addition to your rights under HIPAA, you have the following rights with respect to your SUD records:

1. **Right to consent:** You have the right to provide or withhold written consent for uses and disclosures of your SUD records for treatment, payment, and health care operations. Your treatment cannot be conditioned on whether you provide consent, except as specifically permitted by law.
2. **Right to revoke consent:** You may revoke your consent at any time by providing written notice to our practice, except to the extent that we have already acted in reliance on your consent.

3. **Right to request restrictions:** You may request restrictions on certain disclosures of your SUD records. We will consider your request, though we are not required to agree to all restrictions.

4. **Right to an accounting of disclosures:** You have the right to receive an accounting of disclosures of your SUD records made by our practice.

5. **Right to file a complaint:** If you believe your SUD record privacy rights have been violated, you may file a complaint with:

- Our practice (see contact information below)
- The U.S. Department of Health and Human Services, Office for Civil Rights

You will not be retaliated against for filing a complaint.

OUR LEGAL DUTIES

We are required to:

- Maintain the confidentiality of your SUD records as required by 42 CFR Part 2
- Provide you with this notice of our legal duties and privacy practices with respect to your SUD records
- Follow the terms of this notice currently in effect
- Notify you if a breach of your unsecured SUD records occurs, in accordance with HIPAA Breach Notification requirements
- Maintain a process for you to file complaints regarding our privacy practices

COMPLAINTS PROCESS

If you believe your privacy rights regarding your SUD records have been violated, you may file a complaint with our practice by contacting:

- Privacy Officer: RC Pope, LPC
- Mail: 6200 S Syracuse Way, STE 260, Greenwood Village, CO 80111
- Email: office@silvertree-counseling.com

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

- Online: www.hhs.gov/ocr/complaints
- Phone: 1-800-368-1019
- Mail: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201

FUNDRAISING COMMUNICATIONS

This section applies to our practice / This section does not apply

If we use your SUD record information for fundraising purposes for the benefit of our practice, you have the right to opt out of receiving fundraising communications. To opt out, please contact us using the information above. You may opt out at any time, and your decision will not affect your treatment or any other services you receive from our practice.

BREACH NOTIFICATION

In the event of a breach of your unsecured SUD records, we will notify you in accordance with HIPAA Breach Notification Rule requirements. This includes providing you with information about what happened, the types of information involved, steps you can take to protect yourself, what we are doing to investigate and mitigate the breach, and how to contact us for more information.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Addendum and to make the new provisions effective for all SUD records we maintain. If we make material changes, we will provide you with a revised notice.