

Lotus Counseling Ltd.  
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720-918-1885

EFFECTIVE DATE OF THIS NOTICE This notice went into effect on 8/17/2023  
NOTICE OF PRIVACY PRACTICES

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

Introduction: Lotus Counseling Ltd. has adopted this Privacy Practice Policy to comply with the Health Insurance Portability and Accountability Act (HIPAA, 1996), the Health Information Technology for Economic and Clinical Health Act (HITECH, 2009), the Omnibus Rule (2013), and the Department of Health and Human Services (DHHS) security and privacy regulations, as well as to fulfill our duty to protect the integrity, confidentiality, and availability of confidential medical information as required by law and professional ethics.

#### I. Lotus Counseling Ltd. PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from your therapist. This record is needed to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. Your therapist is required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Lotus Counseling Ltd., will do all we can do to protect the privacy of your mental health records. Each time you visit Lotus Counseling, Ltd. a record of the care and services you receive is created and needed to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health practice.
- As a parent/legal guardian of a person receiving services from Lotus Counseling Ltd., you are the patient’s “personal representative”. Please read this notice with the understanding that we are discussing “you” to mean the minor/pediatric client.
- Give you this notice of their legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

- We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request and in office.

## II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

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 patient for health care from one health care provider to another.

Lawsuits and Disputes: 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 child 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.

## III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

- Psychotherapy Notes. We do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
  - For use in treating you.
  - For use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.

- For our use in defending any of the therapist's in the practice in legal proceedings instituted by you.
- For use by the Secretary of Health and Human Services to investigate compliance with HIPAA.
- Required by law and the use or disclosure is limited to the requirements of such law.
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- Required by a coroner who is performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.
- Marketing Purposes. As a psychotherapist practice, we will not use or disclose your PHI for marketing purposes.
- Sale of PHI. As a psychotherapist practice, we will not sell your PHI in the regular course of business.

#### IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

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

- 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.
- 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.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain an Authorization from you before doing so.
- For law enforcement purposes, including reporting crimes occurring on practice premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- 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.
- For workers' compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
- 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 one of the therapists. We may also use and disclose your PHI to tell you about treatment alternatives or other health care services or benefits offered by the practice.

#### V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

- Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

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

- 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.
- The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- 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.
- The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost based fee for doing so.
- 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, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. 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.
- 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.

- 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 e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

VII. LOTUS COUNSELING LTD., ITS WORKFORCE MEMBERS, AND BUSINESS ASSOCIATES WILL:

- Collect, use, and disclose individual medical information only as authorized. Lotus Counseling Ltd. workforce members and Business Associates will not use or supply such information for any purpose other than those expressly authorized by law, professional ethics, and accreditation requirements.
- Implement administrative, physical, and technical safeguards to protect PHI from unauthorized access or disclosures.
- Ensure that medical information must be accurate, timely, complete, and ensure that authorized personnel can access this data when needed.
- Not alter or destroy an entry in a record, but rather designate it as an error while leaving the original entry intact and create and maintain a new entry showing the correct data.
- Implement reasonable measures to protect the integrity of all data and to protect the confidentiality of medical and other information.
- Recognize that our clients have a right of privacy and respect clients' individual dignity at all times. Privacy will be respected to the extent that is consistent with performing required services and with the efficient administration of our business.
- Act as responsible information stewards and treat all individual PHI (including medical record data and related financial, demographic, and lifestyle information) as sensitive and confidential.
- Use or disclose only the "minimum necessary" health information to accomplish the particular task for which the information is used or disclosed.
- Use or disclose client personal health information without client written authorization to carry out the health care provider's own treatment activities, payment, or health care operations. The word "treatment" includes but is not limited to 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.
- Not divulge PHI unless the client (or their authorized representative) has properly consented to the release or the release is otherwise authorized by law
- When releasing PHI, take appropriate steps to prevent unauthorized re-disclosures, such as specifying that the recipient may not further disclose the information without client consent or as authorized by law.
- Recognize that some medical information is particularly sensitive, such as HIV/AIDS information, mental health and developmental disability information, alcohol and drug abuse information, and other information about sexually transmitted or communicable diseases and that disclosure of such information

could severely harm clients, such as by causing loss of employment opportunities and insurance coverage, as well as the pain of social stigma.

- Treat particularly sensitive information with additional confidentiality protections as required by law.
- Recognize that the client has a right of access to information contained in the medical record owned by Lotus Counseling Ltd.
- Permit clients to access and copy their PHI in accordance with the requirements of the privacy regulation.
- Provide clients an opportunity to request correction of inaccurate data in their medical records in accordance with the requirements of the privacy regulation.
- Allow clients to restrict disclosures of PHI to a health plan when the individual pays out of pocket in full for services received.
- Document and provide clients an accounting of uses and disclosures other than those for treatment, payment, and health care operations in accordance with the requirements of the privacy regulation.
- Verify that uses and disclosures not described in the Notice of Privacy Practices will be made only with authorization from the client.
- Will inform you if a breach occurs that may have compromised the privacy or security of your information.
- Will maintain records up to seven years or as required by law.

#### VIII. Terms, Conditions, and Privacy Policy for Phone/Text Messaging

Effective Date: March 12, 2025

By opting in to receive SMS messages from Lotus Counseling Ltd. (“we,” “us,” “our”), you agree to these Terms and Conditions (Terms).

##### SMS Messaging Service

By providing my phone number, I consent to receive SMS text messages from Lotus Counseling Ltd. for appointment reminders and general two-way communication about scheduling. Message and Data Rates may apply.

##### Message Frequency

You may get more than one message from us unless you opt-out, and while messaging frequency varies, you will likely receive 4 messages per month. Lotus Counseling Ltd. reserves the right to alter the frequency of messages at any time to increase or decrease the total number of messages. Lotus Counseling Ltd. and carriers are not liable for delays or undelivered messages.

##### Message and Data Rates

Message and data rates may apply based on your mobile carrier’s terms.

##### Privacy Policy

Your information will be handled in accordance with our Privacy Policy immediately below:

Effective Date: March 12, 2025

Lotus Counseling Ltd. (“we,” “us,” “our”) respects your privacy and is committed to protecting your personal information. This Privacy Policy explains how Lotus Counseling Ltd. collects and uses information about you when you opt-in to receive SMS messages from us.

#### Information We Collect

When you opt-in to receive SMS messages, we collect:

- Your phone number
- Consent to send SMS messages
- Your email address
- Your basic contact information

#### How We Collect Your Information

We may collect your information directly from you, such as when you complete a form or contact us; automatically, such as when you interact with our website; or from others, such as when we receive information about you from third parties.

#### How We Use Your Information

We use your information to:

- Send you the SMS messages you’ve opted in to receive
- To operate our business

#### Disclosures and Protection of Your Information

We do not share your personal information, phone number, or SMS consent opt-in data with third parties or affiliates for marketing or promotional purposes. We do take steps to protect your information against unauthorized use or disclosure.

#### Updates

We may periodically update this privacy policy. If we make material changes that have a substantive and adverse impact on your privacy, we will provide notice on this website before the change becomes effective. We encourage you to periodically review this page for the latest information about our privacy practices.

#### Cancellation/Opt-Out Instructions

You can opt out of receiving SMS messages at any time by replying STOP to any message we send you. After you opt out of text messaging, you will receive one additional message confirming your request has been processed.

#### Help/Customer Support

Text the word HELP for support. You may also contact us directly at 720-918-1885. You may also contact us directly at 720-918-1885

#### Liability

We are not responsible for any charges, errors, or delays in SMS delivery or undelivered messages caused by your carrier or third-party service providers.

#### Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.