

DENVER DIABETES COUNSELING

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Notice of Privacy Practices

Your personal health information, like the information in your record or file, is protected by law. The Notice of Privacy Practices explains how this information may be used and how you can see this information.

Your Information May Be Used In The Following Ways:

- **Treatment:** I will use and share your health information to ensure you are provided appropriate treatment and services. For example, I may share your health information with a doctor or hospital that is providing you with health care.
- **Payment:** I may have to use your private health information to receive payment for services provided to you. For example, when you ask for a receipt to submit to your insurance company for reimbursement.
- **Future Communications:** I may use your health information to mail you information on counseling and health care programs and choices.
- **Legal Requirements:** I will share health information about you when required to do so by federal or state law. For example, reporting child abuse to social services.
- **To Avoid Harm:** I may use or share your health information to prevent serious threat to your health and safety or the health and safety of others.
- **Lawsuits and Disputes:** We may share your health information in response to a valid judicial or administrative order.
- **In the case of Death,** I may have to share your health information to the people handling the arrangements.
- **Workers Compensation:** I may have to share your health information with programs that give benefits for work-related injuries or illness.

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Your Rights Regarding Your Health Information

- You can ask that I not share certain information; sometimes, I may not be able to do this, but I will explain why and it can be discussed.
- If you want me to contact you at a certain location or communicate with you in a certain way, I will try to do this to the best of my ability.
- You can see your health information and have copies; you may be charged for the copies.
- You can ask that I change certain information in your file, but I may not be able to do so and will explain why so we can discuss it.
- You can have a list about information that has been shared with individuals outside this practice.
- You can have a paper copy of this privacy practice.

Other Uses Or Sharing Of Your Health Information Will Be Made Only With Your Written Authorization

- This authorization can be withdrawn at any time.
- You will have to sign a Release of Information form.

You Can Complain If You Think I Have Violated Your Privacy Rights

- You may write to the Secretary of U.S. Department of Health and Human Services
- You may visit the Department of Human and Health Services website to file a complaint at <http://www.hhs.gov/ocr/privacy/psa/complaint/index.html>
- You may contact the Colorado Department of Regulatory Agencies (DORA)
- There will be no consequences if you file a complaint.

For questions about privacy practices, contact:

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