COOL BIRD COUNSELING LLC

www.coolbirdcounseling.com | (303) 351-1068

NOTICE OF PRIVACY PRACTICES

Effective Date: August 26, 2026

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

Cool Bird Counseling LLC is committed to protecting the privacy and security of your health information. This Notice describes your rights regarding your protected health information ("PHI"), how Cool Bird Counseling LLC may use and disclose that information, and my responsibilities under applicable federal and state privacy laws.

YOUR RIGHTS

When it comes to your health information, you have certain rights.

Get an Electronic or Paper Copy of Your Record

You may ask to see or obtain an electronic or paper copy of your medical or clinical record and other health information maintained about you.

Generally, I will provide a copy or summary of your health information within 30 days of receiving your request. I may charge a reasonable, cost-based fee as permitted by law.

Psychotherapy notes, as specifically defined by HIPAA, receive additional protection and generally are not included in your ordinary right of access to the clinical record.

Ask Me to Correct Your Record

You may ask me to correct health information about you that you believe is incorrect or incomplete.

I may deny your request under circumstances permitted by law, but I will explain the reason for the denial in writing, generally within 60 days.

Request Confidential Communications

You may ask me to contact you in a particular way, such as at a specific telephone number or email address, or to send mail to a different address.

I will accommodate reasonable requests.

Ask Me to Limit What I Use or Disclose

You may ask me not to use or disclose certain health information for treatment, payment, or health care operations.

I generally am not required to agree to such a request. If I agree to a restriction, however, I will comply with it except when disclosure is permitted or required by law, including when information may be necessary for emergency treatment.

If you pay for a health care service entirely out-of-pocket, you may ask me not to disclose information about that service to your health plan for payment or health care operations. I will honor that request unless disclosure is required by law.

Get a List of Certain Disclosures

You may request an accounting of certain disclosures of your health information made during the six years preceding your request.

The accounting generally will not include disclosures for treatment, payment, or health care operations or certain other disclosures excluded by law.

I will provide one accounting during any 12-month period without charge. I may charge a reasonable, cost-based fee for additional requests during the same 12-month period.

Get a Copy of This Notice

You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

Choose Someone to Act for You

If another person has legal authority to act on your behalf, such as a legal guardian or an individual acting under an appropriate power of attorney, that person may exercise your privacy rights as permitted by law.

I may verify that person's authority before taking action.

File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with Cool Bird Counseling LLC by contacting:

Cool Bird Counseling LLC
Privacy Contact: Kelly R. Faus
Phone: 303-351-1068
Email: kelly@coolbirdcounseling.com

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

I will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you may tell me your preferences about what information I disclose.

When permitted by law, you may tell me whether you want me to:

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

If you are unable to tell me your preference, such as when you are unconscious or otherwise unable to communicate, I may disclose relevant information if I reasonably determine that doing so is in your best interest and the disclosure is permitted by law.

I may also disclose information when necessary and permitted by law to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

USES AND DISCLOSURES GENERALLY REQUIRING YOUR WRITTEN AUTHORIZATION

Except as otherwise permitted or required by law, I will obtain your written authorization before using or disclosing your PHI for purposes not described in this Notice.

You may revoke an authorization in writing at any time, except to the extent that I have already acted in reliance upon it.

Psychotherapy Notes

Most uses and disclosures of psychotherapy notes, as that term is specifically defined by HIPAA, require your written authorization.

Authorization generally is not required when psychotherapy notes are used or disclosed for purposes specifically permitted by law, including certain uses by the originator of the notes for treatment, certain training or supervision activities, defending a legal action brought by you, health oversight of the originator, or other circumstances specifically authorized or required by law.

Marketing

I will not use or disclose your PHI for marketing purposes when HIPAA requires your written authorization.

Sale of PHI

Cool Bird Counseling LLC does not sell your PHI.

HOW I MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

HIPAA permits me to use or disclose your PHI for certain purposes without obtaining a separate authorization from you.

Treatment

I may use your health information and disclose it to other health care professionals for purposes of providing, coordinating, or managing your treatment.

For example, with appropriate legal authority, I may communicate with another treating health care provider regarding information relevant to your care.

Payment

I may use and disclose health information as necessary to obtain payment for services.

For example, when services are billed to a health plan or another payer, I may provide information necessary to process the claim and obtain payment.

Health Care Operations

I may use and disclose health information to operate my practice, manage services, perform quality-improvement activities, comply with professional requirements, and conduct other health care operations permitted by law.

Public Health and Safety

When permitted or required by law, I may disclose health information for certain public-health or safety purposes, such as:

- Reporting suspected abuse or neglect as required by law;
- Preventing or reducing a serious threat to health or safety;
- Reporting information required by public-health laws; or
- Other legally authorized public-health activities.

Health Oversight

I may disclose information to health oversight agencies for activities authorized by law, including audits, investigations, inspections, licensure activities, or other appropriate oversight.

Complying With the Law

I will disclose information when state or federal law requires me to do so and will limit the disclosure as required by applicable law.

Judicial and Administrative Proceedings

I may disclose health information in connection with judicial or administrative proceedings when the disclosure is authorized or required by applicable law, such as in response to certain court orders, subpoenas, or other lawful process.

Additional protections may apply to mental health, psychotherapy, or substance use disorder records.

Law Enforcement

I may disclose health information for law-enforcement purposes when specifically permitted or required by law and when applicable legal requirements have been satisfied.

Coroners and Medical Examiners

I may disclose health information to a coroner or medical examiner when authorized by law.

Workers' Compensation

I may use or disclose PHI as authorized or required to comply with workers' compensation and similar programs established by law.

Specialized Government Functions

When permitted by law, PHI may be disclosed for certain specialized government functions, including military and veterans' activities, national security activities, protective services, or correctional-institution activities.

Research

Health information may be used or disclosed for research only when the requirements of applicable privacy laws have been satisfied.

Appointment Reminders and Treatment Information

I may use your contact information to remind you of appointments or communicate with you regarding treatment, treatment alternatives, or health-related services.

SUBSTANCE USE DISORDER RECORDS

Certain records relating to substance use disorder diagnosis, treatment, or referral for treatment may receive additional protection under federal law, including **42 CFR Part 2**.

To the extent Cool Bird Counseling LLC maintains records that are subject to 42 CFR Part 2, those records will be used and disclosed in accordance with applicable Part 2 requirements.

Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you based on the content of those records unless you provide written consent or the use or disclosure is authorized by an appropriate court order and subpoena or other applicable legal authority.

When an authorization or consent permits disclosure of Part 2 records for treatment, payment, or health care operations, those records may be redisclosed as permitted by applicable law.

Part 2 records remain subject to additional protections concerning their use in investigations and legal proceedings against the patient.

MORE PROTECTIVE LAWS

Some health information may receive greater protection under Colorado law or other applicable federal laws than it receives under HIPAA alone.

When another applicable law provides greater privacy protection or places greater restrictions on disclosure, Cool Bird Counseling LLC will comply with that law.

This may include laws governing mental health records, substance use disorder treatment records, psychotherapy records, and other specially protected information.

MY RESPONSIBILITIES

Cool Bird Counseling LLC is required by law to:

- Maintain the privacy and security of your protected health information;
- Provide you with this Notice describing my legal duties and privacy practices;
- Follow the duties and privacy practices described in the Notice currently in effect;
- Notify you following a breach of unsecured PHI when notification is required by law; and
- Refrain from using or disclosing your information in ways not described in this Notice unless you authorize the use or disclosure in writing or the use or disclosure is otherwise permitted or required by law.

If you provide written authorization, you generally may revoke that authorization in writing at any time. Your revocation will not affect actions already taken in reliance on the authorization.

CHANGES TO THIS NOTICE

I may change the terms of this Notice and may make the revised Notice effective for all PHI maintained by Cool Bird Counseling LLC, including information created or received before the revision.

If the Notice is materially revised, the current Notice will be made available as required by law and will be posted on the Cool Bird Counseling LLC website.

QUESTIONS OR COMPLAINTS

For questions about this Notice, your privacy rights, or Cool Bird Counseling LLC's privacy practices, contact:

Cool Bird Counseling LLC
Privacy Contact: Kelly R. Faus

Phone: 303-351-1068
Email: kelly@coolbirdcounseling.com

You may also submit a privacy complaint to the U.S. Department of Health and Human Services, Office for Civil Rights.

You will not be retaliated against for exercising your privacy rights or filing a complaint.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received or have been provided access to the Cool Bird Counseling LLC Notice of Privacy Practices.

My signature acknowledges **receipt of the Notice**. It does not mean that I agree to every use or disclosure described in the Notice or waive any rights provided to me by law.

Client Name: _____

Client Signature: _____

Date: _____

Parent/Guardian/Personal Representative, if applicable:

Signature: _____

Date: _____

Relationship/Authority to Act for Client:

For Practice Use if Acknowledgment Is Not Obtained

Cool Bird Counseling LLC made a good-faith effort to obtain acknowledgment of receipt of the Notice of Privacy Practices but was unable to obtain it.

Reason:

_____

_____

Provider Signature: _____

Date: _____