



Polar Star Psychiatry, LLC
1905 Sherman Street Ste 200 2255
Denver, CO 80203 United States
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Email: polarstarpsychiatry@gmail.com

NOTICE OF PRIVACY PRACTICES

Effective Date: December 1, 2025

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Legal Duty

Polar Star Psychiatry is committed to protecting the privacy of your health information. We are required by federal law (HIPAA) and applicable state laws in Alaska, Colorado, and Massachusetts to maintain the confidentiality of your protected health information (PHI), provide you with this notice of our legal duties and privacy practices, and abide by the terms of this notice.

How We May Use and Disclose Health Information

We may use or share your health information for the following purposes:

- **Treatment:** To provide, coordinate, or manage your health care and related services, including communication with other providers involved in your care.
- **Payment:** To obtain payment for services provided, including billing insurance companies or other third-party payers.
- **Health Care Operations:** For administrative, quality improvement, auditing, accreditation, and training purposes.
- **Other Permitted or Required Uses:** We may use or disclose information without your authorization in the following situations:
 - When required by law (including mandatory reporting requirements in Alaska, Colorado, and Massachusetts).
 - Public health activities (such as reporting communicable diseases).
 - Reporting abuse, neglect, or domestic violence (as required by state law).
 - Health oversight activities (audits, investigations, inspections, licensure).
 - Legal proceedings and law enforcement (as ordered by a court or permitted by law).
 - Serious threat to health or safety (to prevent harm to you or others).
 - Specialized government functions (military, national security, correctional institutions).

Uses and Disclosures Requiring Your Authorization

We will not use or disclose your health information for purposes outside of treatment, payment, and operations without your written authorization. This includes most psychotherapy notes, marketing, and sale of PHI. You may revoke your authorization in writing at any time.

Your Rights Regarding Health Information

- Right to Access: You may inspect and obtain a copy of your medical records.
- Right to Request Amendments: You may request corrections to your record if you believe it is inaccurate or incomplete.
- Right to an Accounting of Disclosures: You may request a list of certain disclosures we have made.
- Right to Request Restrictions: You may request restrictions on how we use or disclose your information. We are not required to agree, but we will consider all reasonable requests.
- Right to Confidential Communications: You may request that we communicate with you in a specific way (e.g., at a certain phone number or mailing address).
- Right to a Paper Copy: You may request a paper copy of this notice at any time.
- Right to Breach Notification: You will be notified if a breach of your unsecured PHI occurs.

State-Specific Requirements

- Alaska: Strong protections for mental health records; disclosures require patient consent except in emergencies or as mandated by law.
- Colorado: Providers must report threats of imminent harm to self or others; additional restrictions may apply to substance use disorder treatment records.
- Massachusetts: Special protections apply to mental health, substance use, HIV/AIDS, and genetic testing information; written consent is generally required for disclosure.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

Polar Star Psychiatry Privacy Officer
1905 Sherman Street Ste 200 2255
Denver, CO 80203
United States
Phone: (720) 743-5627
Email: polarstarpsychiatry@gmail.com

Or with the U.S. Department of Health and Human Services (HHS), Office for Civil Rights
Website: <https://www.hhs.gov/ocr>

You will not be penalized or retaliated against for filing a complaint.

Contact Information

If you have questions about this notice or your privacy rights, please contact:

Privacy Officer
Polar Star Psychiatry
1905 Sherman Street Ste 200 2255
Denver, CO 80203
United States
Phone: (720) 743-5627
Email: polarstarpsychiatry@gmail.com

Acknowledgment of Receipt

You will be asked to sign an acknowledgment that you have received this Notice of Privacy Practices.