

Dr. Lisa Townsend
101 N. Cascade Ave Suite 4
Colorado Springs, CO 80903
P: 719-635-5528 F: 719-635-7187

Your authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect the use or disclosures permitted by you while it is in effect. Unless you give written authorization, we cannot use or disclose your health information for any reasons except those outlined in this notice or otherwise permitted by HIPPA regulations.

HIPPA and Your Rights and Responsibilities: Patient information is kept private except in circumstances that warrant immediate interventions to help protect/prevent accidents such as abuse and or if it required to do so by law. If you have questions, concerns or would like more information please visit www.Dora.gov for detailed and current information. Information such as insurance, date of birth, social security number, name, obtained test scores, collateral information gathered from caregivers, detailed reports, diagnoses, medical notes, MRIs and other relevant information is kept confidential.

Statement of Confidentiality: The information provided by a patient during neurobehavioral interview and testing and feedback is confidential. There are circumstances, however, such as if you are a threat to yourself or others that may warrant a breach of confidentiality. If you have questions, or need clarification, please do not hesitate to ask Dr. Townsend directly or you may go to DORA.gov for more information.