



Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present and future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Privacy Policy describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA Privacy and Security Rules. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Privacy Policy. I reserve the right to change the terms of the Privacy Policy at any time. Any new Privacy Policies will be effective for all PHI that I maintain at that time. I will provide you with a copy of the Privacy Policy by posting a copy on my website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

### HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

**For Treatment with Authorization:** With your written consent, I am permitted to use and disclose information about you with those who are involved in your care for the purpose of providing, coordinating or managing your health care treatment and related services. I may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**For Payment:** Your information may be shared with third parties that perform various business activities (e.g., billing) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI.

**Required by Law:** Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**For Consultation Purposes:** At times I may discuss a case with other therapists if needed to provide the best possible treatment. Such discussions will remain private within the consultative relationship. Every effort is made to use non-identifying information to protect privacy.

**Online Sessions:** I utilize a HIPPA-compliant service for online sessions that is unlikely to be hacked but online communications are never fully secure.

**Without Authorization:** According to state and federal requirements, I am mandated to report information I maintain about you to other agencies or individuals without your written consent under the following circumstances:

- a) If I have reason to believe there has been:
  - abuse of a child or vulnerable adult (including from a person’s past if the perpetrator is still actively around children or vulnerable adults)
  - victimization due to violence
  - victimization due to other crimes
  - potential or intention to seriously harm another person, I may have a legal obligation to warn the intended victim and/or the police
  - the possibility a pregnant woman has used a controlled substance (e.g. cocaine, heroin) for a non-medical purpose during the pregnancy
- b) If you are a minor, I am required to share important information with your parents regarding your emotional health. This is not the case if the information you share would put you at extreme physical risk from a caregiver. Breaches in confidentiality will occur along the same guidelines as for adult clients but include a mandated report if you are having a sexual relationship with an older peer or an adult if you are under 16 years of age. As a minor, you have the right to request that data about you be kept from your parent(s)/guardian(s). This request must be in writing. The request must include reasons for withholding

information. If you are the parent/guardian of a minor child, you have the right to access information unless a written request has been made by your child to deny access to information.

- c) If it is court ordered.
- d) If a non-custodial parent requests information, they may receive information about our services for their child, but not about services to the other parent.
- e) If there is an emergency, I may communicate your condition to a family member or other appropriate persons.
- f) If your account is delinquent, I may attempt to obtain reimbursement through small claims court or through a collection agency. I may also report delinquent accounts to credit bureaus.
- g) Examination of records for an audit or accreditation.
- h) To meet federal, state, and local statistical requirements.
- i) If a new statute, federal law, or State Commissioner of Administration authorizes a new use of the information after you had been given this notice.

## **YOUR RIGHTS REGARDING YOUR PHI**

**Right of Access to Inspect and Copy:** You have the right, which may be restricted only in exceptional circumstances, to inspect and receive a printed copy of PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. If you desire to access your records, please make a written request. If you request copies, there will be a \$2.00 charge per page. You may also request that a copy of your PHI be provided to another person.

**Right to Amend:** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. If you desire to amend your records, please request in writing the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions. If your requested amendment to your records is accepted, a copy of your amendment will become a permanent part of the medical record. By “amend”, I am permitted to append information to the original record, as opposed to physically removing or changing the original record.

**Right to an Accounting of Disclosures:** Upon request, you may obtain an accounting of disclosures of your protected health information other than those for which you gave written authorization or those related to your treatment, payment for services or health care operations. The accounting will apply only to covered disclosures prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a twelve (12) month period, a charge may apply. You will be informed of the cost prior to the request being filled.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction. If you wish to request a restriction, please make a request in writing. I will send you a written response.

**Right to Request Confidential Communication:** You may request, and I will accommodate, any reasonable (written) request for you to receive protected health information by alternative means of communication or at alternative locations.

## **COMPLAINTS**

If you desire further information about your privacy and confidentiality rights, or are concerned that I have violated these rights, or disagree with a decision that I made about access to your PHI, you may contact me at 763-458-2654. You may also file a written letter of complaint with the Secretary of the Department of Health and Human Services. I will not retaliate against you if you file a complaint.