
HIPAA Notice of Privacy Practices

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND WHAT YOUR RIGHTS ARE. PLEASE REVIEW THIS CAREFULLY.

The privacy of your medical records is important. We at Relational Connections are required by law to ensure that your protected health information (PHI) is kept private. We create a record of the services you received at our office. We use this record to provide care and to fulfill our legal requirements. This notice also informs you of your rights and the duties we have regarding the use and disclosure of your PHI. We are legally mandated to abide by the privacy practices detailed in this notice.

LEGAL OBLIGATIONS

The law requires that we insure your PHI is kept private. We are required to inform you through this notice of our legal duties, privacy practices and your rights concerning your PHI. We legally have the right to change the privacy practices and the terms of this notice at anytime on the condition that the changes are following the laws. We also reserve the right to change the terms of this notice and privacy practices for all PHI that has been kept, including information received before the changes were implemented.

If changes are made to our privacy practices, we will immediately post the new version of these policies in the office. We will also make available a copy of the new notice upon request.

THE USE AND DISCLOSURE OF YOUR PHI

There are a number of different reasons your PHI could be used or disclosed. Your prior authorization will be required for some, however, others it will not. Not every example of why or how your PHI could be used will be listed in this notice. However, some ways in which our center uses your PHI will be listed here. We will not use or disclose your PHI for any purpose not listed below without your specific written authorization. Any specific written authorization you provide may be revoked at any time.

1. **TREATMENT:** We may disclose your PHI for the purpose of providing you with health care treatment. We may need to coordinate with other healthcare providers such as physicians, psychiatrists, psychologists, and other licensed health care providers.
2. **PAYMENT:** We may use and disclose your PHI to bill and collect payment for treatment and services that were provided to you by our office. We may also have to provide your PHI to business associates that help with processing claims.
3. **HEALTH CARE OPERATIONS:** We may use and disclose your PHI to correctly facilitate the operations of our professional practice. We may provide your PHI to our attorneys, accountants, consultants, and others to make sure that we are in compliance with the relevant laws.
4. **OTHER DISCLOSURES:** In addition to disclosing your PHI for treatment, payment, and healthcare operations, we may use and disclose PHI for the following purposes:

A. Notification: Medical information to notify or help notify: a family member, your personal representative or someone else who is responsible for your care. We will share pertinent information about your location, general condition or death. If you are available, We will get your permission or give you the choice to refuse. In an emergency, we will only share the health information that is necessary for your care according to our professional opinion. This provision, for example, allows a pharmacist to dispense filled prescriptions to a person acting on your behalf.

B. Research: We may disclose information to external researchers with your authorization.

C. Decedents: We may disclose protected health information to funeral directors as needed, and to coroners or medical examiners to identify a deceased person.

D. Victims of Abuse, Neglect, or Domestic Violence: We may disclose medical information to appropriate authorities if we reasonably believe that you are a victim of abuse, neglect, or domestic violence.

E. Health Oversight Activities: We may disclose PHI to agencies for purposes of legally authorized health oversight activities, such as audits and investigations necessary for the health care system and government benefit program.

F. Judicial and Administrative Proceedings: Under certain circumstances, we may disclose PHI in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to the individual or a protective order are provided.

G. Law Enforcement Purposes: Under certain circumstances, we may disclose medical information to law enforcement officials. These circumstances include (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person's death, if we suspect that criminal activity caused the death; (5) when we believe that PHI is evidence of a crime that occurred on its premises; and (6) when necessary to inform law enforcement about the nature of the crime, the location, victims, and the perpetrator.

H. Serious Threat to Health or Safety: We may disclose PHI if we believe it is necessary to prevent or lessen a serious threat to a person or the public.

I. Essential Government Functions: An authorization is not required to use or disclose PHI for certain government functions. Such functions include: assuring proper execution of a military mission, conducting intelligence and national security activities, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain governmental benefit programs.

J. Workers' Compensation: Under certain circumstances we may disclose PHI to comply with, workers' compensation laws and other similar programs providing benefits for work-related injuries or illnesses.

K. If disclosure is otherwise specifically required by law.

YOUR RIGHTS REGARDING YOUR PHI

A. Right to see and copy your PHI. You have the right to see and receive a copy of your PHI contained in billing and other records used to make decisions about you. This request must be in writing. We may charge you related fees. Instead of providing a full copy of your PHI, we may give you a summary or explanation of your PHI, if you agree in advance to the form and cost of the summary or explanation. There exist certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.

B. Right to request limits on uses and disclosures of your PHI. You have the right to request that we restrict the use and disclosure of PHI about you. Your request must be submitted in writing. We are not required to agree to your request. We will notify you and explain why we are unable to agree to your request. If we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment and disclosures to the Secretary of the Department of Health and Human Services.

C. Right to request confidential communications. We may periodically contact you by phone, e-mail, postcard reminders or by other means to the location listed in our records with appointment reminders, results of tests, or other health information about you. You have the right to request that we communicate with you through alternative means or to alternative locations. While we are not required to agree with your request, we will make efforts to accommodate reasonable requests. All requests must be submitted in writing.

D. Right to amend your PHI. You have the right to request that we make amendments to your PHI. You must submit this request in writing, explaining what information you want changed, why it should be changed, and providing supporting documentation if necessary. We may deny your request if: 1) the information was not created by us; 2) the information is not part of the records used to make decisions about you; or 3) we believe the information is correct and complete. If we do not make a change you have requested, we will inform you of our reason why. If we do honor your request, we will make a reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment.

E. Right to receive an accounting of disclosures. You have the right to obtain a list of when and with whom we have shared your PHI. Our responses will not include uses or disclosures related to treatment, payment or health care operations or uses or disclosures for which you signed a written authorization. We may charge you related fees to obtain this information.

F. Right to receive a copy of this notice. You have the right to request and receive a paper copy of this Notice at any time. You also have the right to receive this Notice by email, and we will make this Notice available to you on our website. Our website address is: www.mnfamilycounselingcenter.org

CONFIDENTIALITY AND PRIVACY POLICY EXCEPTIONS

A. Suspected child abuse or dependent adult or elder abuse. I am required by law to report this to the appropriate Authorities immediately.

B. If a client is threatening serious bodily harm to another person/s. I must notify the police and inform the intended victim.

C. If a client intends to harm himself or herself. I will make every effort to enlist their cooperation in insuring their safety. If they do not cooperate, I will take further measures without their permission that are provided to me by law in order to ensure their safety.

QUESTIONS AND COMPLAINTS

If you feel we have violated your privacy rights, or if you object to a decision we have made about access to your PHI, you have the right to file a complaint. All complaints must be submitted in writing. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington D.C. 20201. If you file a complaint about my private practice, I will take no retaliatory action against you.

If you have any questions about this notice or any complaints about our private practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Relational Connections, Lyndsey R. Fraser, at 2038 Ford Parkway, Suite 232, St. Paul, MN 55116 or by telephone at 651-321-4481.

ACKNOWLEDGEMENT FORM

I have received the **Notice of Privacy Practices** and I have been provided an opportunity to review it and ask questions.

Patient/s Name (print): _____ Signature: _____ Date: _____

Therapist (print): _____ Signature: _____ Date: _____