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NOTICE OF PRIVACY PRACTICES

In accordance with the Health Insurance Portability and Accountability Act (HIPPA), I am required to provide you with the information about how your psychological and medical information may be used and disclosed, and how you might get access to this information. This notice is intended to clarify these rights and responsibilities. Please review it carefully and do not hesitate to ask me if you have questions.

Uses and Disclosures for Treatment, Payment, and Health Care Options

I may use or disclose your protected health information (PHI) for treatment, payment, and health care operations with your consent and without a specific authorization for some purposes. Here are some of the definitions and terms:

- PHI refers to information in your health record that could identify you.
- Treatment is when I provide, coordinate, or manage your health care and related services.
- Payment is when I receive reimbursement for your health care. I am permitted to disclose certain PHI when filing insurance claims.
- Health Care Operations are activities related to the performance and operation of my practice. They include billing service functions and case consultation activities.
- Use applies when these activities take place within my office.
- Disclose applies to activities outside my office, such as releasing or transferring information about you to other parties.

Uses and Disclosures Requiring Authorization

- If I need to use or disclose your PHI for purposes other than treatment, payment, or health care operations, I will need an authorization from you before releasing this information. An authorization is written permission above and beyond general consent that permits only specific disclosures for a specific purpose.

- For some patients, I keep psychotherapy notes. These notes are kept separate from the more general session notes I keep, and are given more protection than PHI. These notes, if they exist in your particular case, cannot be released without your specific written authorization.
- You may revoke an authorization at any time by notifying me in writing. Exceptions to this right include: 1) if I have already relied on the authorization; or 2) if the authorization was for insurance coverage and the insurer has the right to contest the claim under your policy.

Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without consent or authorization in the following circumstances:

- **Child Abuse:** If I know or have reason to suspect that a child is being neglected or abused physically or sexually, or has been within the preceding three years, I must immediately report this to the local welfare agency, police, or sheriff's department.
- **Adult and Domestic Abuse:** If I have reason to believe that a vulnerable adult is being or has been mistreated, or if I have knowledge that a vulnerable adult has sustained an injury which is not reasonably explained, I must immediately report the information to the appropriate county or law enforcement agency. A **vulnerable adult** is someone who possesses a physical, mental, or emotional infirmity or dysfunction that impairs their ability to care for themselves without assistance or protect themselves from maltreatment.
- **Health Oversight Activities:** The Minnesota Board of Psychology, the Minnesota Board of Marriage and Family Therapy, or other state/federal regulatory agency may subpoena records from me if they are relevant to an investigation it is conducting.
- **Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law and I must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. I will inform you if this is the case.
- **Serious Threat to Health or Safety:** If you communicate a specific, serious threat of physical violence against a specific clearly identified or identifiable potential victim, I must make reasonable efforts to communicate this threat to the potential victim or to a law enforcement agency. I must also do so if a member of your family or someone who knows you well has reason to believe you are capable of and will carry out the threat. I also may disclose information about you necessary to protect you from a threat to commit suicide.
- **Worker's Compensation:** If you file a Worker's Compensation claim, a release of information from me to your employer, insurer, or the Department of Labor and Industry will not need your prior approval.

Patient Rights and Psychologists Duties

- Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction that you may request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.
- Right to Inspect and Copy: You have the right to inspect and obtain a copy of PHI and/or psychotherapy notes from my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- Right to Amend: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. On your request, I will discuss with you the details of the accounting process.
- Right to a Paper Copy: You have the right to obtain a paper copy of this notice from me, upon request, even if you have agreed to receive the notice electronically.

Psychologists Duties:

- I am required by law to maintain the privacy of your PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI
- I reserve the right to change the privacy practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will either give you a revised notice or send one to you by mail.

Complaints

If you are concerned that I have violated your privacy rights or you disagree with a decision that I made about access to your records, you may make a written complaint to me.

You may also send a written complaint to the Secretary of the US Department of Health and Human Services.

Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect immediately. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. Prior to the change taking effect, I will provide you with a written notice.