

## **Notice of Health Information Practices**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **Introduction**

When you receive services from Highland Park counseling Associates, LLC we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices Describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information.

**This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.**

### **Our Health Information Duties/Responsibilities**

- We have a legal duty to protect the privacy of your health information and to give you this Notice.
- We have a legal duty to abide by the Notice of Privacy Practices that is current.
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternate locations.

We may change the terms of this Notice and to make the new terms effective for all health information we have. This includes health information we created or received before we made the changes.

We will not use or disclose health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### **Your Health Information Rights**

#### **Restrictions on Use or Disclosure:**

This Notice describes some restrictions on how we can use and give out your health information. You may ask for extra limits on how we use or to whom we give the information. You need to make your request in writing; we are not required to agree to your request. If we do agree, we will follow our agreement, except:

- In an emergency where the information is needed for your treatment
- If you give us written permission to use or give out your information
- If you or we end the restriction, or
- As otherwise required by law.

If you restrict us from providing information to your insurer, you also need to explain how you will pay for your treatments.

Although your health record is the physical property of this clinic and the psychologist you are working with, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided in 45 CFR 164.522, and,
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Understanding Your Health Record/Information**

“Health Information” means, generally, information about your past or present health status, condition, diagnosis, treatment, prognosis, or payment for health care.

Each time you visit, a record of your visit is made. Typically this record contains your symptoms, examination and test results, treatments, and a plan for future care or treatment. This information, often referred to as your health record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Mean by which you or a third-party payer can verify that services billed are actually provided,
- A tool in education health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which I can assess and continually work to improve the care I render and the outcomes I achieve,

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

### **Uses and Disclosures of Health Information**

To provide you with care, we have certain reasons we use and disclose health information. We make off uses and disclosures according to our privacy policies and the law. We may use and give your health information as follows:

**Treatment, Payment, and Health Care Operations.** We may use and give your health information for:  
Treatment (includes working with another provider)

Payment (such as billing for services provided)

Our health care operation. These are non-treatment and non-payment activities that let us run our business or provide services. These include, for example, quality and assessment or peer review.

**Medical Emergency.** We may use or give your health information to help you in a medical emergency.

**Appointment Reminders; Treatment Alternatives.** We may send you appointment reminders, or tell you about treatments and health-related benefits or services that you may find helpful.

**Research.** We may use or share your health information for research purposes as allowed by law or if you have given permission.

**Law Enforcement.** We may give certain information to law enforcement. This could be when there may have been a crime on the property or when there is a serious threat to the health or safety of another person or people.

**Correctional Facility.** We may give the health information of an inmate or another person in custody to law enforcement or a correctional institution.

**Abuse or Neglect.** We may give health information to the proper authorities about possible abuse or neglect of a child or vulnerable adult.

**Military Authorities/National Security.** We may give health information to authorized people from the US military, foreign military, and US national security or protective services.

**Public Health Risks.** We may give health information about you for public health purposes. These purposes include: reporting and controlling disease, injury, or disability, reporting vital events such as death or birth, reporting adverse events or surveillance related to food, medications or problems with health products, notifying person of recalls, repairs, or replacements of products they may be using, notifying a person who may have been exposed to a disease or be at risk for catching or spreading a disease or condition.

**Health Oversight Activities.** We may give health information to government, licensing, auditing, and accrediting agencies for actions allowed or required by law.

**Required by Other Laws.** We may use or give health information as required by other laws. For example: giving information to the US Department of Health and Human Services during an investigation, for workers' compensation or similar laws, to social services and other agencies or people allowed to receive information about certain injuries, or health conditions for social service, health or law enforcement reasons, about an unemancipated minor or a person who has a legal guardian or conservator about a pending abortion, or about an emancipated minor or a minor receiving confidential services to prevent a serious threat to the health of the minor.

**Legal Process.** We may give health information in response to a state or general court order, legal orders, subpoenas, or other legal documents.

**Health Records under Minnesota State Law.** Release of health records such as medical charts or X-rays, by licensed Minnesota providers usually requires the signed permission of a client or the client's legal representative. Exceptions include you having a medical emergency, you seeing a related provider for current treatment, and other releases required or allowed by law.

Except for the above, your written authorization is required to release any health information. If you give a written authorization, you may revoke it at any time by notifying us in writing.

**For more information or to Report a Problem**

If you have questions and would like additional information, you may contact the practices's Privacy Officer, at 651-699-7050.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office of Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or with the Office of Civil Rights. The address for the OCR is listed below:

Office for Civil Rights, US Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington DC 20201