

## PRIVACY NOTICE

This notice describes how Health Information may be used and disclosed and how you can get access to the information. Please review it carefully.

### MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is confidential. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this chemical dependency counseling practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your information.

I am required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of my legal duties and privacy practices with respect to health information about you.
- Follow the terms of the notice that is currently in effect.
  - Protected Health Information in connection with alcohol or drug services: 42 CFR Part 2 protects your health information if you are applying for or receiving services (including diagnosis, treatment or referral) for drug or alcohol abuse. Generally, if you are applying for or receiving services for drug or alcohol abuse, I may not acknowledge that you are receiving services or disclose any information identifying you as an alcohol or drug abuser except under certain circumstances that are listed in this notice.
  - All Protected Health Information, including alcohol or drug services: The Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations (45 CFR Parts 160 and 164), also protect your health information whether or not you are applying for or receiving services for drug or alcohol abuse.

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

#### With your authorization

- Generally I may use or disclose your protected health information when you give your authorization to do so in writing and in a form that meets the requirements of the applicable laws and regulations.
- You may revoke your authorization except to the extent that I have already taken action upon the authorization. To revoke your authorization, please deliver a written statement to me.
- There are some exceptions and special rules that allow for disclosure without your consent. They are listed later in this document.
- Please be aware that a court with appropriate jurisdiction or other authorized third party could request or compel you to sign an authorization.

#### Without your authorization

Even when you have not given your written authorization, I may use and disclose information under circumstances permitted under the applicable regulations and laws. This applies to all protected health information, including the information I get when you are applying for or receiving services for alcohol or drug abuse. This list includes but is not limited to:

- **Treatment.** I may use or disclose your protected information to the extent needed for treatment purposes. Treatment includes diagnosis, treatment, and other services, including treatment planning and referral. For instance, I may confer with and coordinate treatment services with other professionals. Disclosures for treatment purposes are not subject to the minimum necessary standard.

- **Disclosure for payment purposes.** If your health plan requests a copy of your health records, or a portion thereof, in order to determine whether or not payment is warranted under the terms of your policy or contract, I am permitted to use and disclose your protected health information.
- **Medical Emergencies.** I may disclose your protected health information to medical personnel to the extent necessary to meet a bona fide medical emergency (as defined by 42 CFR Part 2).
- **Judicial and Administrative Proceedings.** I may disclose your protected health information in response to a court order that meets the requirements of federal regulations, 42 CFR Part 2 concerning Confidentiality of Alcohol and Drug Abuse Patient Records.
- **Child Abuse.** I may disclose your protected health information for the purpose of reporting child abuse and neglect and, in Minnesota, prenatal exposure to controlled substances, including alcohol, to public health authorities or other government authorities authorized by law to receive such reports.
- **Duty to Warn.** I will consider appropriate actions to warn others in the event that you make a specific threat of serious physical harm to another specific person or to the public.
- **Health & Safety.** I may disclose protected health information to avert or lessen a serious threat of harm to you, to others, or to the public.
- **Appointment Reminders.** I may use and disclose protected health information to contact you with a reminder that you have an appointment.

#### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

**Right to inspect and copy.** You have the right to inspect and copy any information that may be used to make decisions about your care. You may submit your request in writing to me and I have the right to charge a fee for the cost of copying, mailing or other services related to your request. I may deny your request in certain limited circumstances, for instance if I feel that it would not be in your best interest. In such a case, you will get a written reason for the denial. I will be consulting with other health care professionals and my professional board when making such a decision.

**Right to amend.** If you feel the health information about you is incorrect or incomplete, you may ask me to amend the information, and this right exists as long as I keep the information. Your request must be made in legible writing and you must provide a reason that supports your request for amendment. If the request is not in legible writing and does not include a supporting reason, I may deny your request. I may also deny your request if you ask me to amend information that I did not create, is not part of the health information kept by my practice, is not part of the information which you would be permitted to inspect or copy, or is not accurate and complete. Any amendment I make to your health information will be disclosed to those whom we might disclose information as previously specified.

**Right to Accounting of Disclosures.** You have the right to request a list accounting for any disclosures of your health information I have made, except for uses and disclosures for treatment and payment as previously described.

**Confidential Communications.** You have the right to receive communications about health information in a manner and at a location that you designate. I will use the information you have provided on your personal information form unless you inform me otherwise.

**Copy of Notice:** You have the right to receive a printed copy of this notice.

**Effective Date:** November 20, 2009. In the event of a change in the terms of this notice I will post the new notice on my website and have it available in my office. You may also request a copy of the new notice by contacting me.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with me or with the Board of Behavioral Health and Therapy, 2829 University Avenue SE, Suite 210, Minneapolis, MN 55414. You may also contact the U.S. Department of Health and Human Services, Office of Civil Rights.