

Adult, Child and Family Services, LLC

1400 Madison Avenue Suite 610 Mankato, MN 56001 Phone: (507) 387-3777 Fax: (507) 344-1726

NOTICE OF PRIVACY PRACTICES

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

I. Uses and Disclosures for Treatment, Payment and Health Care Operations

Adult, Child and Family Services, LLC may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- "*PHI*" refers to information in your health record that could identify you.
- "*Treatment, Payment, and Health Care Operations*"
 - *Treatment* is when Adult, Child and Family Services, LLC provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when Adult, Child and Family Services, LLC consults with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when Adult, Child and Family Services, LLC obtains reimbursement for your healthcare. Examples of payment are when Adult, Child and Family Services, LLC discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of Adult, Child and Family Services, LLC's practice. Examples of health care operations are quality assessment and improvement activities, business-related matters, such as audits and administrative services, case management, and care coordination.
- "*Use*" applies only to activities within the office of Adult, Child and Family Services, LLC, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of the office of Adult, Child and Family Services, LLC, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Your mental health care provider may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An "*authorization*" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when your mental health care provider is asked for information for purposes outside of treatment, payment or health care operations, they will obtain an authorization from you before releasing this information. Your mental health care provider will also need to obtain an authorization before releasing your psychotherapy notes. "*Psychotherapy notes*" are notes your mental health care provider has made about your conversation during a private, group, joint, or family counseling session, which your mental health care provider has kept separate from the rest of your medical records. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Adult, Child and Family Services, LLC has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Adult, Child and Family Services, LLC may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If your mental health care provider knows or has reason to believe a child is being neglected or physically or sexually abused or has been neglected, physically or sexually abused within the preceding three years, they must immediately report the information to the local welfare agency, police or sheriff's department.
- **Adult and Domestic Abuse:** If your mental health care provider has reason to believe that a vulnerable adult is being or has been maltreated, or if your mental health care provider has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained, they must immediately report the information to the appropriate agency in this county. They may also report the information to a law enforcement agency.

"*Vulnerable adult*" means a person who, regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction:

- i. that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and
 - ii. because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect the individual from maltreatment.
- **Health Oversight Activities:** The Minnesota Board of Psychology may subpoena records from your mental health care provider 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 your mental health care provider has provided you and/or the records thereof, such information is privileged under state law and your mental health care provider 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. Your mental health care provider will inform you in advance 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, your mental health care provider must make reasonable efforts to communicate this threat to the potential victim or to a law enforcement agency. They 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. Your mental health care provider 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 your mental health care provider to your employer, insurer, the Department of Labor and Industry or you will not need your prior approval.

IV. Patient's Rights and Mental Health Care Providers Duties

Patient's Rights:

Right to Request Restrictions- You have the right to request restrictions on certain uses and disclosures of protected health information. However, Adult Child and Family Services, LLC is not required to agree to a restriction you 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. (For example, you may not want

a family member to know that you are seeing your mental health care provider. On your request, Adult, Child and Family Services, LLC will send your bills to another address.)

- *Right to Inspect and Copy*- You have the right to inspect or obtain a copy (or both) of PHI (and psychotherapy notes) in your mental health care provider's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Adult, Child and Family Services, LLC may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, your mental health care provider will discuss with you the details of the request and denial process.
- *Right to Amend* - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Adult, Child and Family Services, LLC may deny your request. On your request, your mental health care provider will discuss with you the details of the amendment process.
- *Right to an Accounting* - You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, your mental health care provider 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 Adult, Child and Family Services, LLC upon request, even if you have agreed to receive the notice electronically. A paper copy of the Client's Bill of Rights is also available upon request.

Mental Health Care Provider's Duties:

- Your mental health care provider is required by law to maintain the privacy of PHI and to provide you with a notice of their legal duties and privacy practices with respect to PHI.
- Adult, Child and Family Services, LLC reserves the right to change the privacy policies and practices described in this notice. Unless your mental health care provider notifies you of such changes, however, Adult, Child and Family Services, LLC is required to abide by the terms currently in effect.
- If Adult, Child and Family Services, LLC revises policies and procedures, your mental health care provider will notify you of this change and paper copies of the revised policies will be available upon your request.

V. Complaints

If you are concerned that your mental health care provider has violated your privacy rights, or you disagree with a decision they made about access to your records, you may contact Jessica Shouler (business owner) at 507-387-3777.

You may also make a complaint to the Minnesota Department of Health and Human Services Division of Licensing at (651) 296-3971.

Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 1, 2003.

Adult, Child and Family Services, LLC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that is maintained by this office. Your mental health care provider will notify you of any revisions to this policy two weeks prior to effective date, and copies will be available.