



**The Therapist**  
COUNSELING & LIFE COACHING

## **NOTICE OF PRIVACY PRACTICES**

(HIPAA and Minnesota Law)

And

Client Privacy Statement

This notice describes how your medical information may be used and disclosed and how you can get access to this information.

Please review it carefully.

This Notice is effective September 4, 2017 and governs our practices on and after that date.

The Therapist PLC is required to protect the privacy of your Protected Health Information (PHI). We are required by the Health Insurance Portability and Accountability Act (HIPAA) to provide you with a notice of our legal duties and privacy practices with respect to PHI. The terms *we*, *our*, and *us* refer to The Therapist, PLC and the terms *you* and *your* refer to our clients. THE THERAPIST, PLC provides counseling services for individuals, families, and adolescents as described in marketing material and also offers Christian Counseling for those who desire Christian counseling. If you desire Christian counseling, please advise your therapist.

### **Notice Information**

This Notice of Privacy Practices describes how we may use and disclose your PHI to carry out treatment, payment, and health care operations and for other purposes that are specified by law. We reserve the right to change this Notice. The changes will apply for PHI we already have about you and PHI we receive about you in the future. We will provide an updated Notice to you when you request one. If you have questions about this Notice, our privacy practices, or the THE THERAPIST, PLC services this Notice applies to, please contact us at the appropriate number listed on the last page of this Notice.

### **Protected Health Information**

Protected Health Information (PHI) is:

1. Information about your mental or physical health, related health care services, or payment for health care services.
2. Information that is provided by you, created by us, or shared with us by related organizations.
3. Information that identifies you or could be used to identify you, such as demographic information, address & phone number, social security number, age, date of birth, dependents, and health history.

Except as described in this Notice or specified by law, we will not use or disclose your PHI. We will use reasonable efforts to request, use, and disclose the minimum amount of PHI necessary. Whenever possible, we will de-identify: you or encrypt your personal information so that you cannot be personally identified. We have put physical, electronic, and procedural safeguards in place to protect your PHI and comply with federal and state laws.

### **Your Rights**

#### ***Your Rights Regarding Your Health Information***

You have the right to:

- **Get an electronic or paper copy of your medical record:** You can ask to see or get an electronic or paper copy of your medical record and other health information. Ask your therapist how to do this. We will provide a copy or a summary of your health information within 30 days of your request. We will charge a fee of \$1.33 per page and a retrieval fee of \$17.68 per the 2016 rates set by the MN Department of Health.

- **Ask us to correct your medical record if you think is incorrect or incomplete.** These requests must be in writing and we may say “no” to your request, but we will tell you why in writing within 60 days.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- **Request restrictions.** You may ask us not to use or disclose any part of your PHI. Your request must be in writing and include what restriction(s) you want and to whom you want the restriction(s) to apply. We will review and grant reasonable requests, but we are not required to agree to any restrictions.
- **Get a list of those with whom I’ve shared information:** You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. These requests must be in writing.
- **Ask me to limit what we use or share:** You can ask us not to use or share certain health information. We are not required to agree to your request, and we may say “no” if it would affect your care.
- **File a complaint if you feel your rights are violated.** If you feel your rights have been violated, you can complain by contacting your therapist, or by contacting Leslie Hong, LHC Consulting President/Owner by using the information on the top of the first page of this document. You can also file a written complaint, without penalty, by contacting the U.S. Department of Health and Human Services Office for Civil Rights or the licensing board for your therapist. Contact information for the relevant Minnesota licensing boards appears at the bottom of this document.
- **Receive a copy of this notice at any time.** We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website [www.counselingandlifecoaching.com](http://www.counselingandlifecoaching.com).
- **Obtain a copy of this Notice.** You may obtain a copy of this Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy.

**Inspect and copy.** You have the right to inspect and get a copy of your PHI for as long as we maintain the information. You must put your request in writing. We may charge you for the costs of copying, mailing, or other supplies that are necessary to grant your request. We do have the right to deny your request to inspect and copy. If you are denied access, you may ask us to review the denial

**Receive a list (an accounting) o/disclosures.** You have the right to receive a list of the disclosures (an accounting) that we have made on your PHI. The list will not include disclosures that we are not required to track, such as disclosures for the purposes of treatment, payment, or health care operations; disclosures which you have authorized us to make; disclosures made directly to you or to friends or family members involved in your care; or disclosures for notification purposes.

Your right to receive a list of disclosures may also be subject to other exceptions, restrictions, and limitations. Your request for an accounting must be made in writing and state the time period for which you would like us to list the disclosures. We will not include disclosures made more than six years prior to the date of your request.

You will not be charged for the first disclosure list that you request, but you may be charged for additional lists provided with the same 12-month period as the first.

### **Your written permission**

We are required to get your written permission (authorization) before using or disclosing your PHI for purposes other than those provided above, or as otherwise permitted or required by law. If you do not want to authorize a specific request for disclosure, you may refuse to do so without fear of reprisal.

You may withdraw your permission If you do provide your written authorization and then later want to withdraw it, you may do so in writing at any time. As soon as we receive your written revocation, we will stop using or disclosing the PHI specified in your original authorization, except to the extent that we have already used it based on your written permission.

You may file a complaint If you believe your privacy rights have been violated, you can file a complaint with THE THERAPIST, PLC, or with the United States Department of Health and Human Services at:

Medical Privacy Complaint Division  
Office for Civil Rights  
U.S. Department of Health & Human Services  
200 Independence Avenue, SW  
Room 509H, HHH Building  
Washington, DC 20201  
1-800-368-1019

Filing a complaint will in no way affect the care or services you receive from THE THERAPIST, PLC.

### ***How Your Health Information May Be Used***

We typically use or share your health information in the following ways.

- **To treat you:** We can use your health information and share it with other professionals who are treating you in order to provide the most effective treatment. Such exchanges of information require your written consent.
- **To run our practice:** We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, when entering your information into a billing system.
- **To bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities.
- **To contact you:** Unless specified by prior written notice, we can use your health information to contact you by telephone, voicemail, text message, or email to return a message or relay information to you.

### ***Disclosing Your Health Information Without Your Consent***

THE THERAPIST PLC will use or disclose your personal information for purposes of treatment, payment, and health care operations, in accordance with local, state, and federal law. Written consent is typically required before disclosing your personal information, however, in certain circumstances we may accept verbal permission when doing so is more expedient for meeting your needs.

In certain cases, we are not required to obtain your authorization before disclosing personal information. Following are some examples of when we may disclose your personal information without your authorization:

- **To first responder** personnel if you experience an emergency on our premises.
- **To the relevant state or county** whenever a provider suspects abuse or neglect of a vulnerable adult has occurred within the last three years.
- **In response to a court order.** Your written consent is required before releasing your personal information in response to a subpoena.
- **To a specific person or persons** to whom you express a direct threat to in the presence of LHC staff.
- **To crisis services providers, hospital staff, law enforcement, or first responder personnel** if you express intent to harm yourself or others.
- **To law enforcement agencies** to report suspicious wounds such as gun-shot wounds.
- **To the military or other governmental agencies** personnel under certain circumstances (such as to avert serious threat to public safety or to an individual, or to protect national security).
- **To correctional institutions,** if you are an inmate or in the custody of a law enforcement official, as necessary to provide you with healthcare, protect the health and safety of you or others, and to maintain the safety and security of the institution. We may disclose PHI to law enforcement officials for the purpose of identifying or locating a suspect, witness, or mission person, or to provide information about victims or crimes.
- **Worker's compensation.** We may disclose PHI to comply with worker's compensation laws and other similarly legally established programs.
- **Food and Drug Administration (FDA).** We may disclose PHI to a person or company required by the FDA to report adverse events or product defects or problems, track products, enable product recalls, make repairs or replacements, monitor post-marketing as required.

- **Public Health.** We may disclose PHI to a public health authority that is permitted by law to receive the information for public health activities. This disclosure might be necessary to prevent or control disease, injury, or disability.
- **Abuse or neglect.** We may make disclosures to government authorities or social service agencies as required by law in the reporting of abuse, neglect, or domestic violence.
- **Special Rules for Psychotherapy Notes.** Only psychotherapy notes collected by a psychotherapist during a counseling session are considered PHI. If those notes are kept separate from a client's medical records, HIPAA requires that they be treated with higher standards or protection than other PHI. Common reasons for our use and disclosure of PHI include:
  - **Treatment.** To provide, coordinate, or manage health care and related services for you to make sure you are receiving appropriate and effective care. For example, we may contact you to provide appointment reminders, information about treatment alternatives, or to refer you to other health-related benefits and services that may be of interest to you. Or we might contact another health care provider or third party to share information to consult with them about the services we are providing to you.
  - **Business Associates.** Our business associates perform some health care administration and operation activities for us. Examples of our business associates include our billing service and claims administrators. We may disclose PHI to our business associates so that they can perform the job we have asked them to do. We require our business associates to sign agreements that limit how they use and disclose PHI. We require them to protect PHI and to follow our privacy practices.
  - **Payment.** To obtain payment or reimbursement for services provided to you. For example, we may need to disclose PHI to determine eligibility for treatment or claims payment.
  - **Health Care Operations.** To assist in carrying out administrative, financial, legal, and quality improvement activities necessary to run our business and to support the core functions of treatment and payment.
  - **Health Plan Sponsor.** We may disclose PHI to a group health plan administrator, which may, in turn, disclose such PHI to the group health plan sponsor, solely for purposes of administering benefits provided by THE THERAPIST, PLC.
  - **Individuals involved in your care or payment for your care.** We may disclose your PHI to a family member, other relative, close personal friend, or any person you identify, who is, based on your judgment, believed to be involved in your care or in payment related to your care.
  - **As required by law.** We must disclose PHI about you when required to do so by law.
  - **Legal proceedings.** We may disclose PHI for a judicial or administrative proceeding in response to a court order, written notice, or protective order. CRC will not release PHI pursuant to a subpoena.
  - **Military or national security and intelligence activities.** We may disclose PHI to armed forces personnel under certain circumstances and to authorized federal Officials for national security and intelligence activities, including protective services for the President and other Heads of State.
  - **To provide reminders and benefits information to you.** Disclosures may be used to verify our eligibility for health care and enrollment in various health plans and to assist us in coordinating benefits for those who have other health insurance or eligibility for government benefit programs.

## **Data Privacy**

### ***Why do we ask for information?***

We ask for information from you to determine what service or help you need, develop a service plan with you, and give you the services you want. The information may also be used to determine your charges for services or for collection of payment from insurance companies or other payment sources.

### ***Do you have to give information to us?***

There is no law that says you must give us any information. However, if you choose to not give us some information, it can limit our ability to serve you well.

### ***What will happen if you do not answer the questions we ask?***

If you are here because of a court order, and you refuse to provide information, that refusal may be communicated to the court. Without certain information, we may not be able to tell who should pay for your services.

### ***What privacy rights do minors have?***

If you are under 18, **you may request that information about you be kept from your parents. You must give us your request in writing, describe the information, and tell us why you don't want your parents to see it.** If, after reviewing your request, THE THERAPIST, PLC staff believes that giving information to your parents is not in your best interest, we will not share the information. If THE THERAPIST, PLC **staff believes this information could be safely shared with your parents,** we will inform you of that decision.

**If you are at least 16, you may ask for mental health services without the consent of your parents, but you may have to pay for the services if you do not want your parents to know.**

***Responsibilities of The Therapist, PLC***

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must give you a copy of this notice and follow the duties and privacy practices described in this notice.
- We will not use or share your information other than as described here, unless you tell us that we can do so in writing. You may change your mind regarding an Authorization for Release of Protected Health Information at any time by letting us know in writing.

Minnesota Board of Behavioral Health and Therapy  
2829 University Ave SE, Suite 210  
Minneapolis, MN 55414  
(612) 548-2177

Minnesota Board of Social Work  
2829 University Ave SE, Suite 340  
Minneapolis, MN 55414  
(612) 617-2100

Minnesota Board of Marriage and Family Therapy  
2829 University Ave SE, Suite 400  
Minneapolis, MN 55414  
(612) 617-2220

Minnesota Board of Psychology  
2829 University Ave. SE, Ste 320  
Minneapolis, MN 55414  
(612) 617-2230

***Acknowledgement of Receipt of Notice of Privacy Practices***

By signing this form, I, acknowledge that I have received The Therapist PLC Notice of Privacy Practices, which describes how protected health information about me may be used and disclosed in providing services to me.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_