NOTICE OF PRIVACY PRACTICES

The **Federal Health Insurance Portability and Accountability Act (HIPAA)** require mental health professionals to issue this official Notice of Privacy Practices. This notice describes how information about you is protected, the circumstances under which it may be used or disclosed and how you may gain access to this information. Please review it carefully.

For psychotherapy to be beneficial, it is important that you feel free to speak about personal matters, secure in the knowledge that the information you share will remain confidential. You have the right to the confidentiality of your medical and psychological information, and this practice is required by law to maintain the privacy of that information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practice with respect to protected health and psychological information.

Who Will Follow This Notice

Any health care professional authorized to enter information into your medical record, all employees, staff, and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g., a billing service), sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

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

I 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.
- "*Use*" applies only to activities within my office and practice group, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of my office or practice group, such as releasing, transferring, or providing access to information about you to other parties.
- *"Authorization"* is your written permission to disclose confidential health information. All authorizations to disclose must be made on a specific and required form.
- *"Treatment"* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your physician or another psychologist.
- "*Payment"* is when I disclose your PHI in activities related to obtaining payment for your health care services. This may include the use of a billing service or providing information to your healthcare insurance provider 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 my practice.

Examples of health care operations are quality assessment and improvement activities, business-related matters, such as audits and administrative services, and case management and care coordination.

Uses and Disclosures Requiring Authorization

I 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 I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. You may revoke your authorization at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have 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.

Uses and Disclosures with Neither Consent nor Authorization

The ethics code of the American Psychological Association, the state of Minnesota, and the federal HIPAA regulations all protect the privacy of all communications between a client and a mental health professional. In most situations, I can only release information about your treatment to others if you sign a written authorization. However, there are some disclosures that do not require your authorization. I may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse:* If I know or have reason to believe a child is being neglected or abused, I must immediately report the information to the appropriate authorities.
- *Adult and Domestic Abuse:* If I know or have reason to believe that an individual such as an elderly or disabled person protected by state law has been abused, neglected, or financially exploited, I must immediately report this to the appropriate authorities.
- *Health Oversight Activities:* I may disclose your PHI to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- *Judicial and Administrative Proceedings:* If you are involved in a court proceeding and a request is made for information by any party about the professional services that I have provided you and/or the records thereof, such information is privileged under law, and is not to be released 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. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety:* If you communicate to me a specific, serious threat of imminent harm against another individual or if I believe that there is a clear, imminent risk of injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.
- *Worker's Compensation*: I may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work related injuries or illness without regard to fault.

Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions:* You have the right to request restrictions on certain uses & disclosures of protected health information. However, I am 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.

• *Right to Inspect and Copy:* You have the right to inspect or obtain a copy (or both) of PHI (and psychotherapy notes) in 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 have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I 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. 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 the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

• I am required by law to maintain the privacy of 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 policies and 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 give to you or send to you via postal mail a copy of the revised notice of policies and practices to protect the privacy of your health information.

Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact Jade B. Rafferty, Ph.D., LP at (612) 767-9860. If you believe that your privacy rights have been violated and wish to file a complaint with myself or my office, you may send your written complaint to me at:

Hope Psychology Practice, LLC
Jade B. Rafferty, Ph.D., LP
2720 W. 43rd St., Suite 205
Minneapolis, MN 55410

MINNESOTA BOARD OF PSYCHOLOGY
CLIENT BILL OF RIGHTS

Consumers of psychological services offered by the psychologists licensed by the state of MN have the right:

- To expect that a psychologist has met the minimal qualifications of training and experience required by state law
- To examine public records maintained by the Board of Psychology which contain the credentials of a psychologists
- To obtain a copy of the Rules of Conduct from the State Register and Public Documents Division, Department of Administration, 117 University Ave., St. Paul, MN 55155
- To report complaints to the Board of Psychology, 2829 University Avenue, SE., Suite #320, Minneapolis, MN 55414
- To be informed of the cost of professional services before receiving the services
- To privacy as defined by rule and law
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving psychological services
- To have access to their records as provided in subpart 1a and Minnesota Statutes, section 144.335, subdivision 2
- To be free from exploitation for the benefit or advantage of the psychologist