



Notice of Privacy Practices

The law requires us to protect the privacy of your information and to provide you of our legal duties and privacy practices with respect to this health information. We are required to follow the terms of the Notice that is currently in effect.

How We May Use or Disclose Your Health Information

The law allows us to use or disclose your health information for the following purposes:

- 1. For Treatment.** We may disclose your health information to provide you with treatment. For example, we may release your health information to make a referral or to coordinate care with another provider. We will get written consent prior to making disclosures for treatment purposes, except in emergency circumstances when obtaining consent is not possible.
- 2. For Payment.** We may use and disclose your health information to submit for reimbursement from your health insurance company.
- 3. To Manage Health Care Operations.** We may use and share your information to run our practice, insure quality of care and contact you as necessary. For example, we may contact you for scheduling purposes.
- 4. With Your Authorization.** In order to disclose health information for reasons not described elsewhere in this notice, we will need written permission from you. You may provide authorization by completing a Release of Information (ROI). An ROI expires after one year. At any time you may revoke an ROI by notifying your therapist.

Your Rights Regarding Your Health Information

You have the following rights with regard to your health information. If you would like to exercise any of these rights or if you have questions regarding your rights, please let your therapist know. We may request that you do so in writing.

- 1. Right to Request Restriction.** You have the right to request that we limit our uses and disclosures of your health information. Requests must be in writing and you must tell us what information you wish to limit. If you pay out-of-pocket for a service, you may request that we do not disclose information pertaining to that service to your health plan for purposes of payment or health care information.
- 2. Right to Receive Confidential Communication.** You have the right to request that we communicate with you through alternative means or locations. For example, you may prefer to be contacted at home instead of at work.
- 3. Right to Review and Obtain a Copy of Your Record.** You have the right to review and obtain a copy of your health information. Requests must be made in writing. We reserve the right to deny these requests in limited circumstances, such as if this disclosure will be harmful to your health. You may have a denial reviewed by another health care professional.

4. **Right to Request a Correction to Your Record.** You have the right to request that your record be corrected if you believe information is incorrect or incomplete. Requests must be in writing.
5. **Right to List of Disclosures.** You have the right to obtain an accounting of disclosures of your health information, except disclosure for treatment, payment or health care operations, and certain other disclosures (i.e., those you requested). Requests must be in writing.
6. **Right to a Paper Copy of this Notice.**
7. **Right to File a Complaint.** You have the right to file a complaint if you believe your rights have been violated. Please let us know if you believe this has occurred. If a satisfactory solution to the situation is not obtained, you may file a complaint with the Department of Health and Human Services, Office for Civil Rights 651-282-5600.

Notice of Privacy Rights

This is a brief summary of the laws and rules that determine the use of information contained in your records in this office.

1. The information that is obtained from you will be used to establish a diagnosis to determine treatment plans and goals, and to provide the services you request. The information will also be used to collect reimbursement from third party payors, should you choose to use them.
2. You are not required to provide information about yourself, however, without some information it would be difficult to provide the most appropriate service. If you are here because of a court order and refuse to provide information, that refusal will be communicated to the court.
3. The data collected will be classified as either private or confidential by Minnesota or Federal law. You may view private data if you make a request in writing.
4. The information maintained about you may be shared with other agencies or individuals only under the following circumstances;
 - a. If you sign a consent form or Release of Information.
 - b. If it is court ordered.
 - c. In the event of abuse or neglect of a child or vulnerable adult or if a pregnant woman has used a controlled substance (e. g., cocaine or heroin) for non-medical purposes during pregnancy.
 - d. If a non-custodial parent requests information, they can receive information about services provided to their child, but not about the other parent.
 - e. If a client states an intention to seriously harm another person, there is a legal obligation to inform the intended victim and/or the police.
 - f. If office personnel require access to your records to perform their duties.
 - g. If your account is delinquent, it may be necessary to obtain reimbursement through a collection agency or small claims court, or report to credit bureaus.
 - h. If there is an emergency, there can be communication about your condition to a family member or other appropriate persons.
 - i. If there is demand for an audit by an insurance or county contract.
 - j. If there is a federal, state or local demand for statistical requirements.

- k. If there is a new statute, federal law or State Commissioner of Administration ruling which authorizes new use of this information after you have been given notice.
- 5. If you are under the state mandated age of consent, please be aware that the law may provide your parents the right to examine or receive a copy of your treatment records. It is Be. Counseling Partner's aim to document your treatment accurately, yet with discretion. However, if we at Be. Counseling Partners feel there is a high risk that you will seriously harm yourself or someone else, Be. Counseling Partners is professionally obligated to notify them of our concern.
- 6. If you feel that any information about you is inaccurate or incomplete, you may file a letter of disagreement with your therapist.

I have read and received a copy of the Notice of Privacy Practices and the Notice of Privacy Rights.

Print Name _____

Signature _____ Date _____