

**PSYCHOTHERAPEUTIC RESOURCES (PR)**  
**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**

MHPC/PR 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 we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when your therapist would consult with another health care provider, such as your family physician or another mental health professional.
  - *Payment* is when we obtain reimbursement for your health care. Examples of payment are when we disclose 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 related to the performance and operation of our 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.
- “Use” applies only to activities within our clinic, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of our clinic, such as releasing, transferring, or providing access to information about you to other parties.

**II. Uses and Disclosures Requiring Authorization**

MHPC/PR 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 over and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment or health care operations, we will obtain an authorization from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that the therapist 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.

MHPC/PR will also obtain an authorization from you before using or disclosing:

- PHI in a way that is not described in this Notice.
- Psychotherapy notes

**III. Uses and Disclosures with Neither Consent nor Authorization**

MHPC/PR may use or disclose PHI **without your consent or authorization** in the following circumstances:

- **Child Abuse:** If the mental health professional knows or has reason to believe a child is being neglected or physically or sexually abused, or has been neglected or physically or sexually abused within the preceding three years, he/she must immediately report the information to the local welfare agency, police or sheriff’s department.

- **Adult and Domestic Abuse:** If the mental health professional has reason to believe that a vulnerable adult is being or has been maltreated, or has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained, he/she must immediately report the information to the appropriate agency in the designated county. This information may also be reported 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, Social Work or Board of Medical Examiners may subpoena records from PR 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 have been provided PR and/or records thereof, such information is privileged under state law and PR 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. You will be informed 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, reasonable efforts must be made to communicate this threat to the potential victim or to a law enforcement agency, or 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, information may also be disclosed about you necessary to protect you from a threat to commit suicide.
- **Workers Compensation:** If you file a worker’s compensation claim, PR, must, upon appropriate request, disclose information related to the claim (which may include your employer, the insurer or the Department of Labor and Industry).
- When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state’s confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

#### IV. Client’s Rights

On your request, the details of the process to accomplish the following rights will be discussed with you.

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, PR 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 being seen here. On your request, your bills will be sent to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. (Our medical records are destroyed after seven years for adults, and for minors, 7 years after they turn 18.) Access to your PHI may be denied under certain circumstances, but in some cases, you may have this decision reviewed.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request may be denied.
- *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).

- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket.** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
- **Right to Be Notified if There is a Breach of Your Unsecured PHI.** You have a right to be notified if:  
(a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

**V. Complaints** – If you believe your privacy rights have been violated, you may file a complaint. To file a complaint with us, contact Elizabeth B. Super, Ph.D., L.P. All complaints must be submitted in writing or call (320) 253-3715 to discuss your complaint or ask questions. You will not be penalized for filing a complaint. You may also submit your complaint directly to the Department of Health and Human Services – Office of Civil Rights, Hubert H. Humphrey Building, 200 Independence Avenue Southwest, Room 509F HHH Building, Washington, D.C. 20201.

*We are required to abide by the terms of our Notice of Privacy Practice currently in effect. We reserve the right to change this Notice of Privacy Practice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in a prominent place in our facility. The notice will contain on the top of the first page, the effective date.*