



# Shoreview Mental Health Center LLC

hope . . . wellness . . . peace

P: (651) 348-7240 | F: (651) 348-7265 | [www.shoreviewmentalhealth.com](http://www.shoreviewmentalhealth.com)  
Rice Creek Professional Building | 5985 Rice Creek Parkway | Suite 201 | Shoreview, MN 55126

## FINANCIAL POLICY

---

At Shoreview Mental Health Center LLC (SMHC) we are committed to the success of your treatment and care. Please understand that payment for services is part of your treatment and care.

**1. Who is responsible for payment?**

You are responsible for paying for your treatment whether your insurance pays for your appointment or not.

**2. When do I pay?**

**COPAYS** are due when you check in with the receptionist at each appointment.

**SELF-PAY** clients pay the receptionist when you check in at each appointment.

**DEDUCTIBLES** are due when your health insurance company generates and sends out your Explanation of Benefits (EOB) to SMHC.

We usually process **HEALTH INSURANCE** claims the same business day as your appointment or as soon as possible after your appointment.

**If you arrive for your appointment without the means to pay** your copay, self-pay amount, or your outstanding past due account, SMHC and/or your therapist has the option of cancelling your appointment, unless prior arrangements have been approved.

**3. How Can I Pay?**

SMHC accepts payment on the day of your appointment by cash, check, VISA, and MasterCard. SMHC uses a secure electronic credit card system for payment. No credit card information is kept physically onsite at SMHC.

**4. What happens if I cancel my appointment or do not show for my appointment?**

There is a charge of \$75 if you do not show up for an appointment or if you cancel with less than a 24-hour notice. If your appointment is on a Monday, you must cancel by noon on Friday to avoid the late cancellation fee. Most health insurance plans do NOT cover fees charged for a no-show or late cancellation of an appointment.

**5. Does SMHC accept health insurance?**

SMHC accepts assignment of insurance benefits. We need your insurance information to bill your insurance company. Our administrative staff can tell you whether SMHC or a particular therapist is credentialed with your particular insurance company. However, we strongly recommend that you contact your insurance company to understand your coverage for services at SMHC. Any balance on your account is your responsibility whether insurance pays or not. Your insurance policy is a contract between you and your insurance company. SMHC is not a third party to that contract. In the event SMHC does accept assignment of benefits and your insurance has not paid your account in full within sixty days, the balance is automatically transferred to your responsibility. Please be aware that some, and perhaps all, of the services provided may be non-covered services and/or not considered reasonable and necessary under your health insurance contract. Only your insurance company makes decisions about covered services. Contact your insurer if you have questions.

**6. Do I need to get pre-authorization to have insurance pay for services at SMHC?**

This varies between insurance companies and insurance plans. You are responsible for determining this and any required pre-authorization prior to your visit. Administrative staff will verify benefits for internal purposes only. You are responsible for payment for services even when pre-authorization is obtained.

**7. What do I do if I change my health insurance?**

It is your responsibility to notify SMHC if there are any changes to your insurance or your insurance plan coverage. If your new plan is one for which we are not participating providers, you are responsible for your account. You must notify SMHC in advance of your first appointment if you intend to use an Employee Assistance Program (EAP). Once services have been provided under insurance, we will not bill your EAP.

**8. Does SMHC offer payment plans?**

SMHC does offer payment plans in some circumstances. If you want to set up a payment plan on site, please arrive 20 minutes early or allow time to do that following your visit.

**9. Does SMHC have a sliding fee scale?**

SMHC does offer a sliding fee scale; please discuss with your therapist.

**10. What if my health insurance doesn't pay?**

The billing person at SMHC will work with you to develop a payment plan for the portion of charges that will be your responsibility.

**11. What if I don't pay for my treatment?**

Your healthcare is important, and paying for your treatment is part of your healthcare. All clients are expected to pay their account balance. However, if you do not or cannot pay for your treatment, you must talk to your therapist or the billing department about your situation. In some circumstances, SMHC does set up payment plans (*see section 8 of this policy*) using the credit card-on-file system.

SMHC does use a collection agency in some circumstances, and you will be held responsible for paying for your treatment. Any follow-up or reporting to third parties that becomes necessary due to unpaid balances on your account is not considered a breach of confidentiality.

**12. What if I do not have health insurance?**

Self-pay clients are welcome at SMHC. Self-pay clients pay when they check in for each appointment. The therapist will identify the applicable rate during the first appointment, and the therapist will inform the client if that rate is going to change for any future appointments.

**13. What if I do not want to use my health insurance?**

There are circumstances where a client may not want to use health insurance or where an EAP program is being billed. If you do not want to use health insurance, simply inform the receptionist when checking in for an appointment, and be prepared to pay at the time of service.

**14. How do I pay if my minor child comes for an appointment without me?**

When your child comes for an appointment without you, payment is still due at the time of service. You can set up your credit card agreement with SMHC to do that for when you are not accompanying your child. Your credit card needs to be on file, and you need to sign an agreement at reception for that to happen.

**15. Do you take workers compensation clients?**

Yes, SMHC does take workers compensation cases, provided authorization has been given for payment and sufficient information has been provided to make a successful claim.

# HIPAA Omnibus Notice of Privacy Practices

Effective Date: April 15, 2016

Shoreview Mental Health Clinic • 5985 Rice Creek Pkwy, Suite 201, MN 55126 • 651-348-7240

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

The Privacy of your health information is important to us. This Notice of Privacy Practices describes how we, our Business Associates, and their subcontractors may use and disclose your Protected Health Information or "PHI" to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. We must protect your PHI which is information that identifies you individually, including demographic information that relates to your past, present, or future physical or mental health condition and related health care services. We reserve the right to change the terms of this Notice and to make new notice provisions for all PHI that we maintain. We will post a revised notice in our offices, make copies available to you upon request and post revised notice on our website.

## USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services. You may request a restriction by submitting your request in writing to us. We will notify you if we are unable to agree to your request.

- **Treatment:** We may use or disclose your PHI to provide services in order to manage and coordinate your health care and related service. For example, we may share your clinical information with other physicians and health care providers, Durable Medical Equipment (DME) vendors, hospitals, rehabilitation therapists, home health providers nurse case managers, worker's compensation adjusters, etc. to ensure that the medical provider has the necessary clinical information to diagnose and provide treatment to you.
- **Payment:** Your PHI will be used to obtain payment for your health care services. For example, a bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and procedures. Before you receive scheduled services, we may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of your medical information with the following: 1) Billing Departments; 2) Collection departments or agencies; 3) Insurance companies, health plans and their agents which provide you coverage; 4) Utilization review personnel that review the care you received to check that it and the costs associated with it were appropriate for your illness or injury; and 5) consumer reporting agencies (e.g., credit bureaus.)
- **Business Associates:** We may disclose your PHI to our business associates who provide us with services necessary to operate and function as a clinical practice. We will only provide the minimum information necessary for the associate(s) to perform their functions as it relates to our business operations. For example, we may use a separate company to process our billing or transcription services that require access to a limited amount of your health information. Please know and understand that all of our business associates are obligated to comply with the same HIPAA privacy and security rules in which we are obligated. Additionally, all of our business associates are under contract with us and committed to protect the privacy and security of your PHI.
- **Health Care Operations:** We may use and disclose your PHI to manage, operate, and support the business activities of our practice. These activities include, but are not limited to, quality assessment, employee review, licensing, and conducting or arranging for other business activities. For example: Members of our staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide by informing you of treatment alternatives or other health-related benefits and services that may be of interest to you.

#### **USES AND DISCLOSURES IN WHICH YOU HAVE THE RIGHT TO OBJECT AND OPT OUT**

- **Communication with family and/or individuals involved in your care or payment of your care:** Unless you object, disclosure of your PHI may be made to a family member, friend, or other individual responsible in your care, location, general condition, or payment of your care in which you have identified.
- **Minors:** PHI of minors will be disclosed to their parents or legal guardians, unless prohibited by law.

If you would like to object to our use or disclosure of PHI about you in the above circumstances, please call our HIPAA Compliance Officer listed at end of this Notice of Privacy Practices.

#### **AUTHORIZED BY LAW THAT DO NOT REQUIRE YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT**

- **Required by Law:** When the use and/or disclosure is authorized or required by law. For example, when a disclosure is required by federal, international, state or local law or other judicial or administrative proceeding.
- **Abuse, Neglect, and Domestic Violence:** Your PHI will be disclosed to the appropriate government agency if there is belief that a patient has been or is currently the victim of abuse, neglect, or domestic violence and the patient agrees or it is required by law to do so. In addition, your information may also be disclosed when necessary to prevent a serious threat to your health or safety or the health and safety of others to someone who may be able to help prevent the threat.
- **Judicial and Administrative Proceedings:** As sometimes required by law, we may disclose your PHI for the purpose of litigation to include: disputes and lawsuits; in response to a court or administrative order; response to a subpoena; request for discovery; or other legal processes. However, disclosure will only be made if efforts have been made to inform you of the request or obtain an order protecting the information requested. Your information may also be disclosed if required for our legal defense in the event of a lawsuit.
- **Law Enforcement:** We will disclose your PHI for law enforcement purposes when all applicable legal requirements have been met. This includes, but is not limited to, law enforcement due to identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or warrant, and grand jury subpoena.
- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for audits, investigations, inspections, licensures, and other activities as authorized by law.
- **Inmates:** If you are or become an inmate of a correctional facility or under the custody of the law, we may disclose PHI to the correctional facility if the disclosure is necessary for your institutional health care, to protect your health and safety, or to protect the health and safety of others within the correctional facility.
- **Military, National Security, and other Specialized Government Functions:** If you are in the military or involved in national security or intelligence, we may disclose your PHI to authorized officials.
- **Worker's Compensation:** We will disclose only the PHI necessary for Worker's Compensation in compliance with Worker's Compensation laws. This information may be reported to your employer and/or your employer's representative regarding an occupational injury or illness.
- **Practice Ownership Change:** If our clinical practice is sold, acquired, or merged with another entity, your PHI will become the property of the new owner. However, you will still have the right to request copies of your records and have copies transferred to another clinician.
- **Breach Notification Purposes:** If for any reason there is an unsecured breach of your PHI, we will utilize the contact information you have provided us with to notify you of the breach, as required by law. In addition, your Protected Health Information may be disclosed as a part of the breach notification and reporting process.

### **USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

We will not disclose or use your PHI in the situations listed below without first obtaining written authorization to do so. In addition to the uses and disclosures listed below, other uses not covered in this Notice will be made only with your written authorization. If you provide us with authorization, you may revoke it at any time by submitting a request in writing:

- **Disclosure of Psychotherapy Notes:** Unless we obtain your written authorization, in most circumstances we will not disclose your psychotherapy notes. Some circumstances in which we will disclose your psychotherapy notes include the following: for your continued treatment; training of medical students and staff; to defend ourselves during litigation; if the law requires; health oversight activities regarding your psychotherapist; to avert a serious or imminent threat to yourself or others; and to the coroner or medical examiner upon your death.

### **PROTECTED HEALTH INFORMATION AND YOUR RIGHTS**

The following are statements of your rights, subject to certain limitations, with respect to your PHI:

- **You have the right to inspect and a copy of your PHI (reasonable fees may apply):** Pursuant to your written request, you have the right to see and receive a copy of your PHI contained in clinical, billing, and other records used to make decisions about yourself. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under federal law, you may not inspect or copy the following types of records: psychotherapy notes, information compiled as it relates to civil, criminal, or administrative action or proceeding; information restricted by law, information related to medical research in which you have agreed to participate, information obtained under a promise of confidentiality, and information whose disclosure may result in harm or injury to yourself or others. We have up to 30 days to provide the PHI and may charge a fee for the associated costs.
- **You have a right to request communications via alternative means or to alternative locations:** Periodically, we will contact you by phone or email, or other means to the location identified in our records with appointment reminders, results of tests or other health information about you. You have the right to request that we communicate with you through alternative means or to alternative locations, For example, you may request that we contact you at your work address or phone number or by email. While we are not required to agree with your request, we will make efforts to accommodate reasonable requests. You must submit your request in writing.
- **You have the right to obtain a copy of medical records:** You have the right to request an electronic copy of your medical record for yourself or to be sent to another individual or organization when your PHI is maintained in an electronic format. We will make every attempt to provide the records in the format you request; however, in the case that the information is not readily accessible or producible in the format you request, we will provide the record in a standard electronic format or a legible hard copy form. Record requests may be subject to a reasonable, cost-based fee for the work required in transmitting the electronic medical records.
- **You have the right to receive a notice of breach:** In the event of a breach of your unsecured PHI, you have the right to be notified of such breach.
- **You have the right to request Amendments:** At any time if you believe the PHI we have on file for you is inaccurate or incomplete, you may request that we amend the information. Your request for an amendment must be submitted in writing and detail what information is inaccurate and why. Please note that a request for an amendment does not necessarily indicate the information will be amended.
- **You have a right to receive an accounting of certain disclosures:** You have the right to receive an accounting of disclosures of your PHI. An "accounting" being a list of the disclosures that we have made of your information. The request can be made for paper and/or electronic disclosures if available, and will not include disclosures made for the purposes of: treatment; payment; health care operations; notification and communication with family and/or friends; and those required by law.
- **You have the right to request restrictions of your PHI:** You have a right to restrict and/or limit the information we disclose to others, such as family members, friends, and individuals involved in your care or payment for your care. You also have the right to limit or restrict the information we use or disclose for treatment, payment, and/or health care operations. Your request must be submitted in writing and include the specific restriction requested,

to whom you want the restriction to apply, and why you would like to impose the restriction. Please note that our practice/your physician is not required to agree to your request for restriction with the exception of a restriction requested to not disclose information to your health plan for care and services in which you have paid in full out-of-pocket.

- **You have a right to request to receive confidential communications:** You have a right to request confidential communications from us by alternative means or at an alternative location. For example, you may designate we send mail only to an address specified by you which may or may not be your home address. You may indicate we should only call you on your work phone or specify which telephone numbers we are allowed or not allowed to leave messages on. You do not have to disclose the reason for your request; however, you must submit a request with specific instructions in writing.
- **You have a right to receive a paper copy of this notice:** Even if you have agreed to receive an electronic copy of this Privacy Notice, you have the right to request we provide it in paper form. You may make such a request at any time.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change the terms of this notice and will notify you of such changes. We will also make copies available of our new notice if you wish to obtain one. **We will not retaliate against you for filing a complaint.**

#### **COMPLAINTS**

If at any time you believe your privacy rights have been violated and you would like to register a complaint, you may do so with us or with the Secretary of the United States Department of Health and Human Services.

If you wish to file a complaint with us, please submit it in writing to our Privacy/Compliance Officer to the address listed on the first page of this Notice.

If you wish to file a complaint with the Secretary of the United States Department of Health and Human Services, please go to the website of the Office for Civil Rights ([www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/)), call 202-619-0257 (toll free 877-696-6775), or mail to:

Secretary of the US – Department of Health and Human Services  
200 Independence Ave S.W.  
Washington, D.C. 20201

---

Jeanette Balfe-Groh

651-348-7240

[jbalfeg@shoreviewmentalhealth.com](mailto:jbalfeg@shoreviewmentalhealth.com)

---

**HIPAA COMPLIANCE OFFICER**

**PHONE**

**EMAIL**

We are required by law to provide individuals with this notice of our legal responsibilities and privacy practices with respect to Protected Health Information. We are also required to maintain the privacy of, and abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at the number listed above.