

# 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 your 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

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

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#### **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.