

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

True Balance Ltd  
**Notice of Privacy Practices**

**Understanding Your Mental Health and/or Behavioral Health Record Information**

Each time that you visit a hospital, a physician, or another health care provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information is often referred to as Protected Health Information (“PHI”). Your medical record serves as the following purposes:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care that you received.
- Means by which you or a third-party payer can verify that you actually received the services billed for.
- Tool to assess the appropriateness and quality of care that you received.
- Tool to improve the quality of health care and achieve better patient outcomes.

Understanding what is in your health records and how your health information is used helps you to—

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your health information.
- Make informed decisions about authorizing disclosure to others. □ Better understand the health information rights detailed below.

**Your Rights under the Federal Privacy Standard**

Although your health records are the physical property of the health care provider who completed the records, you have the following rights with regard to the record:

- **Request restriction on uses and disclosures** of your health information for treatment, payment, and health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to request confidential communications** of protected health information by alternative means or at alternative locations. For example, you may not want a family member to know that you are seeing one of us. On your request, your bills can be

sent to another address. We can not control where your insurance company sends statements or explanation of benefits for you or your child.

- **Obtain a copy of this “Notice of Privacy Practices.”** Although we have posted a copy in prominent locations throughout the facility and on our website, you have a right to a hard copy upon request.
- **Inspect and copy your health information upon request.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We reserve the right to charge a reasonable, cost-based fee for making copies. You do not have right of access to the following:
  - Psychotherapy notes. These are notes that are recorded in any medium by a mental health professional documenting or analyzing a conversation during a counseling session and that are separated from the rest of your medical record.
  - Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
  - Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.
  - Information that is copyright protected, such as certain raw data obtained from testing.
  - **Information that a healthcare professional determines is reasonably likely to result in death or serious bodily injury to you or another individual if disclosed.**

**If you are denied access, you have a right of review of the denial. See the discussion of how to complain, below.**

- **Request amendment/correction of your health information.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Obtain an accounting of nonroutine uses and disclosures.** You have the right to request an accounting of nonroutine disclosures that we make of your PHI.
- **Revoke your consent or authorization to use or disclose health information** except to the extent that we have taken action in reliance on the consent or authorization.

## **Our Responsibilities under the Federal Privacy Standard**

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law. This includes most uses or disclosures of psychotherapy notes, marketing communications, and sales of protected health information. Other uses and disclosures *not described in this notice* will be made only with your written authorization. For examples, under Federal regulations, we must obtain your signed consent for uses and disclosures for substance abuse treatment information.

### **Examples of Disclosures for Treatment, Payment, and Health Care Operations**

- **We may use your health information for treatment.** Example: A therapist or a counselor will record information in your record to diagnose your condition and determine the best course of treatment for you. Note that some health information, such as substance abuse treatment information, may not be used or disclosed without your consent.
- **We may use your health information for payment.** Example: We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, and treatment received.
- **We may use your health information for health care operations.** Example: Members of the quality assurance team may use information in your health record to assess the care and outcomes in your case. We will use this information in an effort to continually improve the quality and effectiveness of the health care and services that we provide.
- **Business associates:** We provide some services through contracts with business associates. We may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do and bill you or your third-party payer for services provided. To protect your health information, however, we require the business associates to appropriately safeguard

your information. After February 17, 2010, business associates must comply with the same federal security and privacy rules as we do.

- **Marketing/continuity of care:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. If we contact you to provide marketing information for other products or services, you have the right to opt out of receiving such communications. If we receive compensation from another entity for the marketing, we must obtain your signed authorization.
- **Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- **Health oversight agencies and public health authorities:** If our partners or business associates believe in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the Department of Health.
- **The federal Department of Health and Human Services (“DHHS”):** Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.

**Complaints:** If you are concerned that one of us has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact Leslie Russell-Martin or Lisa Hopp Privacy and Security Officers at True Balance Ltd. You may reach them at (320) 632 5524. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. True Balance Ltd will not retaliate against individuals filing a valid and real complaint.

**Social Networking Sites:** Due to the restrictions of confidentiality and your therapist’s code of ethics, she will not be able to respond to, or even acknowledge, any requests for communication via various social networking sites such as, but not limited to, “Facebook, “Linked In” etc.

**Effective date:** \_\_\_\_\_ 02/13/2018 \_\_\_\_\_

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION THAT WE MAINTAIN. IF WE CHANGE OUR INFORMATION PRACTICES, WE WILL PROVIDE A REVISED NOTICE TO ALL CURRENT PATIENTS BY MAIL OR IN PERSON.