

Your rights to your health information

You have the following rights regarding the health information we maintain about you.

Rights to inspect and copy

With some exceptions, you have the right to see and request a copy of records that include your health information and are maintained or used by us (the designated record set). To request a copy, write to Minnesota Psychological Resources at the address listed at the end of this notice. We charge a fee for copying or mailing costs. In some cases, we may deny your request. If you are denied access to records, you may request that another licensed health care professional chosen by us review the denial. We will comply with the outcome of the review.

Right to amend

You may ask us to amend a record containing your health information if you feel it is incorrect or incomplete. Your request must be submitted in writing to Minnesota Psychological Resources at the address listed at the end of this notice. You must provide a reason for your request. We may deny your request if, among other reasons, the information was not created by us; is not included in your clinical, billing, or other records; or is otherwise accurate and complete.

Right to an accounting of disclosures

You have the right to request a written report of where we sent your health information for up to a six-year period. This does not include disclosures to or authorized by you or disclosures for treatment, payment, and health care operations as described in this notice. You must submit your request in writing to Minnesota Psychological Resources at the address listed at the end of this notice. Your request must state a time period of six years or less and may not include dates before April 14, 2003. The first report you request within a 12-month period will be free. After that, we may charge you for the cost of providing the report.

Right to request restrictions

You may request that we restrict or limit the health information we use or disclose about you for treatment, payment, or health care operations. We are not required

to agree with your request. If we agree, we will honor your request unless the information is needed to provide emergency treatment. You must make your request in writing to Minnesota Psychological Resources at the address listed at the end of this notice. In your request, you must tell us (1) what information you want to limit; (2) how you want to limit our use or disclosure; (3) to whom you want the limits to apply.

Right to request confidential communications

You have the right to request that we communicate your health information in a certain method or place (such as at work or by mail). You must make your request in writing when you register with us, or to Minnesota Psychological Resources at the address listed at the end of this notice. We will try to meet all reasonable requests.

Our legal duties and rights

The law requires us to protect the privacy of your health information and to provide this notice of our practices. We reserve the right to change our health information practices and the terms of this notice. We reserve the right to make the changed notice effective for health information we already have about you and for new information. The notice will contain an effective date on the first page, in the top right-hand corner. The notice will be placed in a prominent place at each of our clinic sites. We will replace the notice with updated notices as they become available. In addition, you may request a paper copy of this notice by contacting Minnesota Psychological Resources at the address shown on the back of this brochure. Notices will be available whenever we provide you with health care.

Complaints

If you have any questions or complaints, or would like to obtain a copy of your medical records, contact:

Minnesota Psychological Resources
12805 Highway 55
Suite 211
Plymouth, MN 55441
763-550-9005

Notice of Privacy Practices

Minnesota Psychological Resources

Pequot Lakes Office
105 Woodman St
Suite 200
Pequot Lakes, MN 56472
218-568-4500

Plymouth Office
12805 Highway 55
Suite 211
Plymouth, MN 55441
763-550-9005

This notice describes how mental health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Notice of privacy practices

In this notice, the words “We” and “Us” mean Minnesota Psychological Resources (MPR).

“You” means anyone who receives mental health services from us. “Health information” means any information that we create or receive relating to your health or health care payment, whether oral, written or recorded in any form.

How we may use and disclose your health information

The law requires us to inform you that we use and disclose your health information for the following purposes.

Treatment

We will use your health information to provide you with mental health services. We may share your health information with other mental health care providers who are involved in your care at MPR as well as those supervising the care you receive. With your consent, we may disclose certain health information specified by you to your family, others involved in your care, or organizations outside of MPR.

Payment

We may use and disclose health information to bill:

- your insurer
- Medicare
- any other payer or programs
- your health plan
- Medical Assistance
- you

If your insurer or health plan requires prior approval to determine whether they will pay for those services, we may disclose parts of your health information to them, unless you have asked that we not bill your insurer or plan.

Health care operations

We may use and disclose information about you within MPR to manage and improve our mental health services. This includes:

- quality assessment
- licensing and accreditation
- business planning and management
- evaluating health professionals
- legal and accounting services

We may provide services with the help of people who are not our employees, and companies that are not our affiliates. This includes equipment technologists, computer hardware and software providers or maintenance personnel. We call these people or companies our “business associates.” We may give our business associates some access to your health information so they can perform their job duties. We minimize their access as much as possible. They are required to safeguard your information.

Appointment reminders, treatment alternatives

We may use and disclose your health information to provide you with:

- appointment reminders
- information about treatment options and services
- other health-related services

People involved in your care

At your request, we may release health information to a family member or friend. We may disclose information about you to a disaster relief organization if there is a disaster, so that your family can be notified.

Research

We will not use or disclose health information that can be used to identify you for research purposes without first obtaining your written authorization or following state law procedures for trying to notify you. When you register with us, we will ask you to use and disclose your health information within Minnesota Psychological Resources for medical or scientific research. You will be asked to sign additional authorizations for clinical research trials involving treatment.

Required disclosures permitted without your authorization

We will release health information about you as required to comply with Minnesota law.

In addition, we may need to use or disclose your health information without your authorization:

- to the government for public health activities as permitted or required by law to report abuse or neglect
- to a health oversight agency for audits, investigations, inspections and licensure activities
- to prevent a serious and imminent threat to your health or safety
- to prevent a serious and imminent threat to a person or the public, or to help the police apprehend a person involved with a violent crime that may have seriously harmed someone
- to law enforcement official in response to a court or administrative order, subpoena, warrant, summons or similar process; to identify or locate a suspect, witness or missing person; to identify a victim of crime if, under certain limited circumstances, we are unable to obtain the victim’s agreement; or in emergency circumstances to report the locations and perpetrator or a crime
- to a private party in litigation in response to a valid court order or administrative order
- to a correctional institution if you are an inmate, as necessary for your health and the health and safety of other people
- for military, national security or lawful intelligence activities
- otherwise as permitted or required by law
- to your parent(s)/ legal guardian(s) if you are a non-emancipated minor

Other uses and disclosures of your health information will be made only with your written authorization. You may revoke that authorization at any time for future uses and disclosures by writing to MPR at the address at the end of this notice.