



The Healing Project of MN, LLC

1400 Van Buren Street #200

Minneapolis, MN 55413

Website URL: www.thehealingprojectmn.org

Main: [612-778-4752](tel:612-778-4752) | Fax: [612-520-5622](tel:612-520-5622)

Main Agency Email: info@thehealingprojectmn.org

NOTICE OF PRIVACY PRACTICES

As a valued client of The Healing Project of MN, LLC, all clients are protected by federal and state privacy and medical records laws. **Minnesota Law** requires that you are informed of your rights regarding private information we collect from you. Personal information is considered private information under **Minnesota Law**. Private information can only be shared if you provide us permission or if the law requires it. This notice takes effect December 30, 2023 and will remain in effect until we replace it.

This notice outlines our agency's legal obligations regarding your health information. We are required to follow the terms of this notice that are currently in effect. We reserve the right to change the terms of this notice and make the new terms effective for all the health information in our possession. If this notice is changed, we will post the revised notice on our website and provide you with a revised notice.

If you have questions about this Notice, our privacy practices, or The Healing Project of MN, LLC that this notice applies to, please contact us at:

The Healing Project of MN, LLC

Privacy Officer

Phone: 612-778-4752 Ext. 1

privacy@thehealingprojectmn.org

We have built a foundation of trust with the public and the people we serve by upholding strong ethical standards and respecting confidentiality. 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.*

PROTECTED HEALTH INFORMATION

1. Information about your physical or mental health, related to health care services.
2. Information that is provided by you, created by us, or shared with us by related organizations.
3. Information that identifies you or could be used to identify you, such as demographic information, address and phone number, social security number, age, date of birth, dependents, and health history.

OUR RESPONSIBILITIES

1. We are required by law to maintain the privacy and security of your PHI.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. We must follow the duties and privacy practices described in this notice and give you a copy of it.
4. We will not use or share your information other than as described here unless you tell us we can in writing.

Original Date: August 2023

Updated: December 2023

HOW THE HEALING PROJECT OF MN, LLC PROTECTS YOUR PROTECTED HEALTH INFORMATION

Except as described in this Notice, separately agreed upon within a consent form, or specified by law, we will not use or disclose your PHI. We will use reasonable efforts to request, use, and disclose the minimum amount of PHI necessary. Whenever possible, we will de-identify or encrypt your personal information so that you cannot be personally identified. We have put physical, electronic, and procedural safeguards in place to protect your PHI and comply with federal and state laws.

DATA PRIVACY

Why do we ask for information? We ask for information from you to determine what service or help you need, develop a service plan with you, and give you the services you want. The information may also be used to determine your charges for services or for collection of payment from insurance companies or other payment sources.

Do you have to give information to us? There is no law that says you must give us any information. However, if you choose not to give us some information, it can limit our ability to serve you well.

What will happen if you do not answer the questions we ask? If you are here because of a court order, and you refuse to provide information, that refusal may be communicated to the Court. Without certain information, we may not be able to tell who should pay for your services.

YOUR RIGHTS

You have the following rights with respect to your PHI.

Obtain a copy of this Notice. You may obtain a copy of this notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy, you just need to request a copy. Please send a written request to Privacy Officer at privacy@thehealingprojectmn.org

Request Restrictions. You may ask us not to use or disclose any part of your PHI. Your request must be in writing and include what restriction(s) you want and to whom you want the restrictions to apply. We will review and grant reasonable requests, but we are not required to agree to restrictions, except in some cases of disclosures to a health plan. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree to this request unless that law requires us to share that information. Please send a written request to Privacy Officer at privacy@thehealingprojectmn.org

Request Confidential Communications. You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address. We will grant all reasonable requests. Please send a written request to Privacy Officer at privacy@thehealingprojectmn.org

Inspect and copy. You have the right to inspect and get a copy of your PHI for as long as we maintain the information. You must put your request in writing. If you have any questions about the process to obtain your record, just ask us. We will provide a copy of a summary of your health information. As a mental health care provider, we are required by Minnesota Law to reply within 30 calendar days of all written requests. It is against Minnesota Law to charge current consumers for their PHI requests. It is not against Minnesota Law to charge former consumers for requests. All former consumers will be charged a flat fee of \$10.00 for time spent retrieving and copying the records and 75 cents per page of the consumer record being requested. ***We do have the right to deny your request to inspect and copy.*** If

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you are denied access, you may ask us to review the denial. In some cases, we may deny your request to review the denial. Please send a written request to Privacy Officer at privacy@thehealingprojectmn.org

Request amendment. If you feel that your PHI is incomplete or incorrect, you may ask us to amend it. You may ask for an amendment for as long as we maintain the information. Your request must be in writing and you must include a reason that supports your request. In certain cases, we may deny your request but will provide you with a written reason for the denial, within 60 days of your original request. If we deny your request for amendment, you have the right to file a statement of disagreement with our decision. Please send a written request to Privacy Officer at privacy@thehealingprojectmn.org

Receive a list (an accounting) of disclosures. You have the right to receive a list of the disclosures (an accounting) that we have made of your PHI six years prior to the date of your request, who the PHI was shared with, and why. The list will not include disclosures that we are not required to track, such as disclosures for the purposes of treatment, payment, or healthcare operations; disclosures which you have authorized us to make; disclosures made directly to you or to friends or family members involved in your care; or disclosures for notification purposes. Your right to receive a list of disclosures may also be subject to other exceptions, restrictions, and limitations. Your request for an accounting must be made in writing and state the time period for which you would like us to list the disclosures. We will not include disclosures made more than six years prior to the date of your request. You will not be charged for the first disclosure list that you request, but you will be charged a flat fee of \$10.00 for additional lists provided within the same 12 month period as the first. Please send a written request to Privacy Officer at privacy@thehealingprojectmn.org

Note: Special Rules for Psychotherapy notes. Psychotherapy notes, as defined by HIPAA, may be collected by a psychotherapist during a counseling session are kept separate from a client's medical records. HIPAA requires that they be treated with higher standards or protection than other PHI.

We will never share your information for these reasons:

1. Marketing purposes
2. Sale of your information

How We May Use or Disclose Your Health Information

Minnesota Law allows us to use or disclose your health information for the following purposes:

1. **Treatment.** To provide, coordinate, or manage health care and related services, including referrals to business associates for you to make sure you are receiving appropriate and effective care. For example, a therapist or social worker who works directly with you may communicate with their supervisor to better coordinate your care.
2. **Payment.** To obtain payment or reimbursement for services provided to you. Some of our services are provided free of charge. Some of our services cost money. For example, we give information about you to your health insurance plan about you to manage your treatment and services.
3. **Individuals involved in your care or payment for your care.** We may disclose your PHI to a family member, other relative, close personal friend, or any person you identify, who is, based on your judgment, believed to be involved in your care or in payment related to your care.
4. **Appointment Reminders.** We may use your information to send you reminders about future appointments.
5. **As required by law.** We must disclose PHI when required to do so by law. For example:

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- a. **Public Health Agencies.** We may use or disclose your health information for public health activities such as assisting public health authorities in preventing or tracking disease. We may be permitted and/or required by law to report neglect, child abuse, or abuse of a vulnerable adult.
 - b. **Health and Safety.** Your health information may be disclosed to avert a serious threat to health or safety of you or any other person. Any disclosure would be only to someone able to help prevent the threat. Minnesota Law imposes a duty to warn on certain mental health care providers if a person has communicated a specific, serious threat of physical violence against a specific person.
 - c. **Law Enforcement.** We will only release your medical information to law enforcement officials in response to a valid court order, a grand jury subpoena, or warrant, or with your written consent. We may release non-medical information about you to law enforcement if we are asked by law enforcement for the information, or as may be required by law. In addition, we may release non-medical information about you if you are suspected of committing a crime on the practice's premises.
 - d. **Lawsuits/Disputes.** If you are involved in a lawsuit or dispute, we may disclose information about you in response to a court order, a grand jury subpoena, a warrant, with your written consent, or as otherwise required by law.
 - e. **National Security, Intelligence, and Protective Services for the President and Others.** We will release medical information about you to authorized federal officials for intelligence, counter-intelligence, national security activities, and protective services for the President or other authorized persons or foreign heads of state only as required by law or with your written consent.
 - f. **Decedents.** Health information may be disclosed to funeral directors, coroners, or medical examiners in the case of certain types of death for the purpose of identifying a deceased person, determining a cause of death or other purpose, in accordance with applicable law.
 - g. **Workers' Compensation.** Your information may be used or disclosed in order to comply with laws and regulations related to Worker's Compensation. Minnesota Law permits disclosure of your information to the parties involved in the claim, without specific written consent, if the information is related to a workers' compensation claim.
 - h. **Research.** We may use and disclose your information for research purposes, either with your written authorization or otherwise consistent with applicable law. Minnesota Law may require consent before your information can be released to an outside researcher. We will make a good faith effort to obtain your consent or refusal, as required by law, prior to releasing any identifiable information about you to outside researchers.
 - i. **Abuse or neglect.** We may make disclosures to government authorities or social services agencies as required by law in the reporting of abuse, neglect, or domestic violence.
6. **Business Associates.** We may disclose your information to a business associate to perform functions on our behalf, if the business associate has signed an agreement to protect the confidentiality of the information.

Your written permission. We are required to get your written permission (authorization) before making or disclosing your PHI for purposes other than those provided above. Including most uses and disclosures of psychotherapy notes, use or disclosure of PHI for marketing purposes and sale of PHI, or as otherwise permitted or required by law. If you do not want to authorize a specific request for disclosure, you may refuse to do so without fear of reprisal.

You may withdraw your permission: If you do provide your written authorization and then later want to withdraw it, you may do so in writing at any time. As soon as we receive your written revocation, we will stop using or disclosing the PHI specified in your original authorization, except to the extent that we have already used it based on your written permission.

YOU MAY FILE A COMPLAINT

If you believe your privacy rights have been violated, you can file a complaint with The Healing Project of MN, LLC's Privacy Officer at:

Privacy Officer
The Healing Project of MN LLC
1400 Van Buren Street NE #200
Minneapolis, MN 55413
Phone: 612-778-4752 Ext. 1
privacy@thehealingprojectmn.org

Or you may contact the United States Department of Health and Human Services at:

Medical Privacy Complaint Division
Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-877-696-6775

Or you can file a complaint by visiting: www.hhs.gov/ocr/privacy/hipaa/complaints/.

You will not be retaliated against for making a complaint.