



## HIPAA NOTICE OF PRIVACY PRACTICES

**I. 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.**

### **II. IT IS AFI'S LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

By law Ascend Family Institute (hereafter "AFI") is required to insure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. AFI is required to provide you with this Notice about AFI's privacy procedures. This Notice must explain when, why, and how AFI would use and/or disclose your PHI. Use of PHI means when AFI will share, apply, utilize, examine, or analyze information within AFI's practice; PHI is disclosed when AFI releases, transfers, gives, or otherwise reveals it to a third party outside AFI's practice. With some exceptions, AFI may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, AFI is always legally required to follow the privacy practices described in this Notice.

Please note that AFI reserves the right to change the terms of this Notice and AFI's privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Before AFI makes any important changes to AFI's policies, AFI will immediately change this Notice and post a new copy of it in AFI's office and on AFI's website. You may also request a copy of this Notice from AFI, or you can view a copy of it in AFI's office or on AFI's website, which is located at [www.ascendfam.com](http://www.ascendfam.com). If you have a patient portal in AFI's electronic record keeping software (EHR) a copy has likely been sent to you there as well.

### **III. HOW AFI WILL USE AND DISCLOSE YOUR PHI.**

AFI will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of AFI's uses and disclosures, with some examples.

**A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent.** AFI may use and disclose your PHI without your consent for the following reasons:

**1. For treatment.** AFI can use your PHI within AFI's practice to provide you with mental health treatment, including discussing or sharing your PHI with AFI's trainees and interns. AFI may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, AFI may disclose your PHI to her/him in order to coordinate your care. NOTE: Due to other laws in Minnesota, AFI's typical policy is to request a release of information from you even

when discussing your PHI for purposes of treatment when the party the information is to be discussed with is not employed by or contracted with AFI.

**2. For health care operations.** AFI may disclose your PHI to facilitate the efficient and correct operation of AFI's practice. Examples: Quality control - AFI might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. AFI may also provide your PHI to AFI's attorneys, accountants, consultants, and others to make sure that AFI am in compliance with applicable laws.

**3. To obtain payment for treatment.** AFI may use and disclose your PHI to bill and collect payment for the treatment and services AFI provided you. Example: AFI might send your PHI to your insurance company or health plan in order to get payment for the health care services that AFI have provided to you. AFI could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for AFI's office.

**4. Other disclosures.** Examples: Your consent isn't required if you need emergency treatment provided that AFI attempts to get your consent after treatment is rendered. In the event that AFI tries to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) but AFI thinks that you would consent to such treatment if you could, AFI may disclose your PHI.

**B. Certain Other Uses and Disclosures Do Not Require Your Consent.** AFI may use and/or disclose your PHI without your consent or authorization for the following reasons:

- 1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.** Example: AFI may make a disclosure to the appropriate officials when a law requires us to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
- 2. If disclosure is compelled by a party to a proceeding before a court or an administrative agency pursuant to its lawful authority.**
- 3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.**
- 4. If disclosure is compelled by the patient or the patient's representative pursuant to Health and Safety Codes or to corresponding federal statutes of regulations,** such as the Privacy Rule that requires this Notice.
- 5. To avoid harm.** AFI may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public (i.e., adverse reaction to meds).
- 6. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if AFI determines that disclosure is necessary to prevent the threatened danger.**
- 7. If disclosure is mandated by the MN Statute 626.556 (Reporting of Maltreatment of Minors) or 626.557 (Reporting of Maltreatment of Vulnerable Adults).** For example, if AFI has a reasonable suspicion of child abuse or neglect.
- 8. If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.**
- 9. For public health activities.** Example: In the event of your death, if a disclosure is permitted or compelled, AFI may need to give the county coroner information about you.

10. **For health oversight activities.** Example: AFI may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
11. **For specific government functions.** Examples: AFI may disclose PHI of military personnel and veterans under certain circumstances. Also, AFI may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
12. **For research purposes.** In certain circumstances, AFI may provide PHI in order to conduct medical research.
13. **For Workers' Compensation purposes.** AFI may provide PHI in order to comply with Workers' Compensation laws.
14. **Appointment reminders and health related benefits or services.** Examples: AFI may use PHI to provide appointment reminders. AFI may use PHI to give you information about alternative treatment options, or other health care services or benefits AFI offer.
15. **If an arbitrator or arbitration panel compels disclosure,** when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
16. **If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.** Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess AFI's compliance with HIPAA regulations.
17. **If disclosure is otherwise specifically required by law.**

### **C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.**

**1. Disclosures to family, friends, or others.** AFI may provide your PHI to a family member, friend, or other individual whom you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

**D. Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in Sections IIIA, IIIB, and IIIC above, AFI will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that AFI has not taken any action subsequent to the original authorization) of your PHI by us.

## *IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI*

These are your rights with respect to your PHI:

**A. The Right to See and Get Copies of Your PHI.** In general, you have the right to see your PHI that is in AFI's possession, or to get copies of it; however, you must request it in writing. If AFI does not have your PHI, but AFI knows who does, AFI will advise you how you can get it. You will receive a response from us within 30 days of AFI's receiving your written request. Under certain circumstances, AFI may feel AFI must deny your request, but if AFI does, AFI will give you, in writing, the reasons for the denial (pursuant to MN Statute 144.292). AFI will also explain your right to have AFI's denial reviewed.

If you ask for copies of your PHI, AFI will charge you not more than \$.25 per page. AFI may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

**B. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that AFI limit how AFI uses and discloses your PHI. While AFI will consider your request, AFI is not legally bound to agree. If AFI does agree to your request, AFI will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that AFI is legally required or permitted to make.

**C. The Right to Choose How AFI Sends Your PHI to You.** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). AFI is obliged to agree to your request providing that AFI can give you the PHI, in the format you requested, without undue inconvenience. AFI may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

**D. The Right to Get a List of the Disclosures AFI Have Made.** You are entitled to a list of disclosures of your PHI that AFI have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.

AFI will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list AFI gives you will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. AFI will provide the list to you at no cost, unless you make more than one request in the same year, in which case AFI will charge you a reasonable sum based on a set fee for each additional request.

**E. The Right to Amend Your PHI.** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that AFI correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of AFI's receipt of your request. AFI may deny your request, in writing, if AFI finds that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of AFI's records, or (d) written by someone other than AFI. AFI's denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and AFI's denial be attached to any future disclosures of your PHI. If AFI approves your request, AFI will make the change(s) to your PHI. Additionally, AFI will tell you that the changes have been made, and AFI will advise all others who need to know about the change(s) to your PHI.

**F. The Right to Get This Notice by Email.** You have the right to get this notice by email or via your patient portal, if applicable, on AFI's electronic health record (EHR) software. You have the right to request a paper copy of it, as well.

#### *V. HOW TO COMPLAIN ABOUT AFI'S PRIVACY PRACTICES*

If, in your opinion, AFI may have violated your privacy rights, or if you object to a decision AFI made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI

below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about AFI's privacy practices, AFI will take no retaliatory action against you.

## **VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT AFI'S PRIVACY PRACTICES**

If you have any questions about this notice or any complaints about AFI's privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact AFI's HIPAA Compliance Officer, Deborah Link MA LPCC LMFT at 20980 Rogers Dr #400, Rogers, MN 55374; 763.244.4900; deb@ascendfam.com.

## **VII. NOTIFICATIONS OF BREACHES**

In the case of a breach, AFI requires to notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, AFI is ultimately responsible for providing the notification directly or via the business associate. If the breach involves more than 500 persons, OCR must be notified in accordance with instructions posted on its website. AFI bears the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

## **VIII PHI AFTER DEATH**

Generally, PHI excludes any health information of a person who has been deceased for more than 50 years after the date of death. AFI may disclose deceased individuals' PHI to non-family members, as well as family members, who were involved in the care or payment for healthcare of the decedent prior to death; however, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased individual.

## **IX. Individuals' Right to Restrict Disclosures; Right of Access**

To implement the 2013 HITECH Act, the Privacy Rule as amended AFI is required to restrict the disclosure of PHI about you, the patient, to a health plan, upon request, if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law. The PHI must pertain solely to a healthcare item or service for which you have paid the covered entity in full. (OCR clarifies that the adopted provisions do not require that covered healthcare providers create separate medical records or otherwise segregate PHI subject to a restrict healthcare item or service; rather, providers need to employ a method to flag or note restrictions of PHI to ensure that such PHI is not inadvertently sent or made accessible to a health plan.)

The 2013 Amendments also adopt the proposal in the interim rule requiring AFI, to provide you, the patient, a copy of PHI to any individual patient requesting it in electronic form. The electronic format must be provided to you if it is readily producible. OCR clarifies that AFI must provide you only with an electronic copy of their PHI, not direct access to their electronic health record systems. The 2013 Amendments also give you the right to direct AFI to transmit an electronic copy of PHI to an entity or person designated by you. Furthermore, the amendments restrict the fees that AFI may charge you for handling and reproduction of PHI, which must be reasonable, cost-based and identify separately the labor for copying PHI (if any). Finally, the 2013 Amendments modify the timeliness requirement for right of access, from up to 90 days currently permitted to 30 days, with a one-time extension of 30 additional days.

**X. NPP**

AFI's NPP (Notice of Privacy Practices) must contain a statement indicating that most uses and disclosures of psychotherapy notes, marketing disclosures and sale of PHI do require prior authorization by you, and you have the right to be notified in case of a breach of unsecured PHI.

*XI. EFFECTIVE DATE OF THIS NOTICE*

This notice went into effect on March 15, 2015.

**I acknowledge receipt of this notice**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_