



NOTICE OF PRIVACY PRACTICES

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

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

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and healthcare operations.

- **Treatment** means providing, coordinating, or managing healthcare and related services by one or more health care providers. Examples of this would include diagnostic assessment, psychological evaluation, psychological testing, and psychotherapy.
- **Payment** means activities such as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a claim for your visit to your insurance company for payment.
- **Healthcare operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to personal identifiable information (PII).

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. We may use your name in the waiting room when calling you for your appointment.

We may use or disclose your PHI to the extent required by federal, state, or local law.

In keeping with the law, we may disclose your PHI to a human services or law enforcement authority authorized by law to receive reports of child and/or vulnerable adult abuse or neglect.

Any other uses and disclosures will be made only with your or your legal representative's written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already acted based on your previous authorization.

You have the following rights with respect to your PHI, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of PHI from us by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to receive an accounting of disclosures of PHI.
- The right to obtain a paper copy of this notice at your first service delivery date.
- The right to provide a written acknowledgment is that you have received a copy of our Notice of Privacy Practices.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.

This notice is effective as of April 14, 2003, we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to revise this Notice of Privacy Practices and to make the new notice provisions effective for all PHI that we manage, maintaining our compliance with HIPAA Privacy and Security rules as well as 42 CFR Part 2. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the HIPAA Privacy & Security policies and procedures of our office. We will not retaliate against you for filing a complaint.

<i>Please contact us for more information:</i> Tracy Diedrich, Privacy Officer Solutions Behavioral Healthcare Professionals 1547 30 th Ave S Moorhead, MN 56560 (218) 287-4338 Toll Free: 1-866-455-6417	<i>For more information about HIPAA or to file a complaint:</i> Region V - Chicago (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin) Office for Civil Rights U.S. Department of Health and Human Services 233 N. Michigan Ave., Suite 240 Chicago, IL 60601 Voice Phone (800) 368-1019 FAX (312) 886-1807 TDD (800) 537-7697
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