

The privacy of your medical information is important to us, with the understanding that this information is personal. Therefore, we are committed to protecting it. To comply with certain legal requirements, Melody Richards counseling creates a record of the care and services each individual receives to better provide you with quality care. This notice details the ways we may use and share medical information about you. Furthermore, we describe your rights and certain duties we have regarding the use and disclosure of medical information. This notice is effective April 14, 2003.

1. **Uses of Information Obtained From You:** The information we obtain from you is used to establish diagnosis, determine your treatment plans and goals, provide the services you request, and establish your ability to pay for these services.
2. **Our Legal Responsibility:** The law requires us to keep your medical information private, give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information, and to follow the terms of the notice that is now in effect.
3. **Patient Rights:** Effective April 14, 2003, the 45 CFR Health Insurance Portability and Accountability Act (HIPAA) went into effect with rules on not only disclosure but also on the use of patient information. Under this Act clients, must be given a Notice of Privacy Practices upon the arrival of their first service. The following list of rights now apply to any patient of a health care provider:
 - a. **Right to Request Medical Records:** The patient has a right to access their medical records.
 - b. **Right to Request Additional Restrictions:** You may request restrictions on our use and disclosure of protected health information for treatment, payment, and health care operations. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request a restriction, please make a request in writing and submit it to your therapist. We will send you a written response.
 - c. **Right to Receive Confidential Communications:** You may request, and we will accommodate, any reasonable (written) request for you to receive protected health information by alternative means of communication or at alternative locations.
 - d. **Right to Inspect and Copy Your Health Information:** If you desire access to your records, please make a written request to your therapist. If you request copies, there will be a \$2.00 charge per page. Please note, under limited circumstances we may deny you access to a portion of your records.
 - e. **Right to Amend Your Records:** You have the right to request that we amend protected health information maintained in your clinical file or billing records. If you desire to amend your records, please request in writing the amendment and submit it to your therapist. Under certain circumstances, we have the right to request to amend your records and notify you of this denial as provided by the HIPAA regulations. If your requested amendment to your records is accepted, a copy of your amendment will become a permanent part of the medical record. By "amend," your therapist is permitted to append information to the original record, as opposed to physically remove or change the original record.
 - f. **Right to Receive an Accounting of Disclosures:** Upon request, you may obtain an accounting of disclosures of your protected health information other than those for which you gave written authorization or those related to your treatment, payment for services, or health care operations. The accounting will apply only to covered disclosures prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, a charge may apply. You will be informed of the cost prior to the request being filled.
 - g. **Right to Receive a Paper Copy of this Notice:** Upon request, you may obtain a paper copy of this privacy notice.

4. **Use and Disclosure of Your Medical Information With Written Consent:** We are permitted to use and disclose information about you for treatment and/or services to doctors, nurses, psychiatrists, psychologists, other mental health professionals. Also included are other people in charge of your care or health care professionals assisting in your treatment. We may also use and disclose your medical information for payment purposes to insurance companies for disability payments, etc. Furthermore, we may also use information for healthcare operations that may include information disclosed to business associates such as billing software providers or transcriptionists.
5. **Use and Disclosures Without Neither Consent Nor Authorization:** According to state and federal requirements, we are mandated to report information we maintain about you to other agencies or individuals without your written consent under the following circumstances:
 - a. If we have reason to believe there has been:
 - i. abuse of a child or vulnerable adult
 - ii. potential or intention to seriously harm himself or herself
 - iii. potential or intention to seriously harm another person, we may have a legal obligation to warn the intended victim and/or the police
 - iv. the possibility a pregnant woman has used a controlled substance (e.g., cocaine, heroin) for a non-medical purpose during the pregnancy
 - b. If it is court-ordered.
 - c. If a non-custodial parent requests information, they may receive information about our services for their child, but not about services to the other parent.
 - d. If there is an emergency, we may communicate your condition to a family member or other appropriate persons.
 - e. If your account is delinquent, we may attempt to obtain reimbursement through small claims court or to collection agency. We may also report delinquent accounts to credit bureaus.
 - f. Examination of records for an audit or accreditation.
 - g. To meet federal, state, and local statistical requirements.
 - h. If a new statute, federal law, or State Commissioner of Administration authorizes a new use of the information after you had been given this notice.
6. **Regarding Minors:** Minnesota State Law authorizes that a minor has the right to request the private data about them be kept from their parents. This request will be honored if we believe it will protect the child from physical or psychological harm.
7. **Providing Information About You:** You are not required to provide information about yourself; however, without some information we may not be able to provide the most appropriate services. If you are here because of a court order, and you refuse to provide information, that refusal may be communicated to the court.
8. **Right to Change Terms of this Notice:** We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all protected health information that we maintain, including any information created or received prior to issuing the new notice. If we change this notice, we will post it in public access areas, or give you a copy of the updated notice.
9. **Complaints:** If you desire further information about your privacy and confidentiality rights, or are concerned that we have violated these rights, or disagree with a decision that we made about access to your protected health information, you may contact Melody Richards. You may also file a written letter of complaint with the Secretary of the Department of Health and Human Services.