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 FACTS’ LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law FACTS is required to insure that your PHI is kept private. The PHI constitutes information created or noted by FACTS 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. FACTS is required to provide you with this Notice about privacy procedures. This Notice must explain when, why, and how we would use and/or disclose your PHI. Use of PHI means when your PHI is shared, applied, utilized, examined, or analyzed within our practice; PHI is disclosed when FACTS releases, transfers, gives, or otherwise reveals it to a third party outside our practice. With some exceptions, we 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, FACTS is always legally required to follow the privacy practices described in this Notice.

Please note that FACTS reserves the right to change the terms of this Notice and privacy policies at any time. Any changes will apply to PHI already on file with FACTS. Before any important changes to these policies, we will immediately change this Notice and make a copy available to you from any of our staff. You may also request that a copy of this Notice be mailed or emailed directly to you.

III. HOW FACTS WILL USE AND DISCLOSE YOUR PHI.

FACTS 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 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. FACTS may use and disclose your PHI without your consent for the following reasons:

1. For treatment. FACTS 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, we may disclose your PHI to her/him in order to coordinate your care.

2. For health care operations. We may disclose your PHI to facilitate the efficient and correct operation of practice. Examples: Quality control – Your PHI may be used 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. Your PHI may also be provided to our attorneys, accountants, consultants, and others to make sure that FACTS is in compliance with applicable laws.

3. To obtain payment for treatment. FACTS may use and disclose your PHI to bill and collect payment for the treatment and services provided you. Example: Your PHI may be sent to your insurance company or health plan in order to get payment for the health care services that we provided to you. We could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for us.

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

B. Certain Other Uses and Disclosures Do Not Require Your Consent. FACTS 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: FACTS may make a disclosure to the appropriate officials when a law requires reporting 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 of 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 Minnesota Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.
5. To avoid harm. FACTS 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.

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 I determine that disclosure is necessary to prevent the threatened danger.

7. If disclosure is mandated by the Minnesota Child Abuse and Neglect Reporting law (Minnesota Statute 626.645, Subdivision 3). For example, if we have a reasonable suspicion of child abuse or neglect.

8. If disclosure is mandated by the Minnesota Vulnerable Adults Act (Minnesota Statute 626.557). For example, if we have a reasonable suspicion of elder abuse or dependent adult abuse.

9. If disclosure is compelled or permitted by the fact that you tell FACTS staff of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.

10. For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, we may need to give the county coroner information about you.

11. For health oversight activities. Example: FACTS 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.

12. For specific government functions. Examples: FACTS may disclose PHI of military personnel and veterans under certain circumstances. Also, we may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.

13. For research purposes. In certain circumstances, we may provide PHI in order to conduct medical research.

14. For Workers' Compensation purposes. FACTS may provide PHI in order to comply with Workers' Compensation laws.

15. Appointment reminders and health related benefits or services. Examples: We may use PHI to provide appointment reminders, to give you information about alternative treatment options, or about other health care services or benefits offered.

16. If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tecum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.

17. FACTS is permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you.

18. 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 FACTS compliance with HIPAA regulations.

19. If disclosure is otherwise specifically required by law.

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

Disclosures to family, friends, or others. FACTS may provide your PHI to a family member, friend, or other individual who 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, FACTS will request 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 no action subsequent to the original authorization has been taken) 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 FACTS possession, or to get copies of it; however, you must request it in writing. If we do not have your PHI, but knows who does, you will be advised how you can get it. You will receive a response within 30 days of FACTS receiving your written request. Under certain circumstances, your request may be denied, but if denied, reasons will be given in writing to you. We will also explain your right to have the denial reviewed.

B. If you ask for copies of your PHI, you will be charged no more than $.15 per page. A summary or explanation of the PHI may be provided to you, but only if you agree to it, as well as to the cost, in advance.

C. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask for limits on how your PHI is used and disclosed. While your request will be considered, FACTS is not legally bound to agree. If we agree to your request, those limits will be put in writing and abided except in emergency situations. You do not have the right to limit the uses and disclosures that FACTS is legally required or permitted to make.
D. *The Right to Choose How Your PHI Is Sent 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). We are obliged to agree to your request providing that we can give you the PHI, in the format you requested, without undue inconvenience.

E. *The Right to Get a List of the Disclosures Made.* You are entitled to a list of disclosures of your PHI that have been 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.

*FACTS* will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list you receive will include disclosures made in the previous six years (the first six year period being 2003-2009) 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. The list will be provided to you at no cost, unless you make more than one request in the same year, in which case you will be charged a reasonable sum based on a set fee for each additional request.

F. *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 the existing information is corrected or the missing information is added. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. Your request may be denied in writing if: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than us. The 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 our denial be attached to any future disclosures of your PHI. If, the request is approved, the change(s) will be made to your PHI. Additionally, you will be informed that the changes have been made, and *FACTS* will advise all others who need to know about the change(s) to your PHI.

G. *The Right to Get This Notice by Email.* You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

V. **HOW TO COMPLAIN ABOUT FACTS PRIVACY PRACTICES**

If, in your opinion, your privacy rights have been violated, or if you object to a decision 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 *FACTS* privacy practices, no retaliatory action will be taken against you.

VI. **PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES**

If you have any questions about this notice or any complaints about *FACTS* 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:

    Family, Adolescents, and Children Therapy Services, Inc., Dan Maki, MA, LMFT, HIPAA Compliance Officer, by phone at 952-936-2800 or email at dan@facts-mn.org.
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Receipt and Acknowledgment of Notice

Patient/Client Name: ___________________________________________

DOB: __________________

I hereby acknowledge that I have received and have been given an opportunity to read and receive a copy of the Notice of Privacy Practices from FACTS. I understand that if I have any questions regarding the Notice or my privacy rights, I may contact Dan Maki, MA, LMFT, HIPAA Compliance Officer at (952) 936-2800.

_______________________________________  ______________________________________
Signature of Patient/Client                Date

_______________________________________  ______________________________________
Signature or Parent, Guardian or Personal Representative*            Date

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

☐ Patient/Client Refuses to Acknowledge Receipt:

_______________________________________  ______________________________________
Signature of Staff Member                Date