

Full Circle Therapy
Effective April 14, 2003

Notice of Privacy Practices

What is "Medical Information"?

The term "medical information" is synonymous with the terms "personal health information" and "protected health information" (PHI) for purposes of this Notice. It essentially means any individually identifiable health information (either directly or indirectly identifiable). Whether oral or recorded in any form or medium, that is created or received by a health care provider (me), health plan, or others and relates to the past, present, or future physical or mental health or condition of an individual (you); the provision of health care (e.g. mental health) to an individual (you); or the past, present, future payment for the provision of health care to an individual (you).

I am a mental health care provider. More specifically, I am a **Licensed Marriage and Family Therapist, licensed by the State of Minnesota through the Board of Marriage and Family Therapy**. I create and maintain treatment records that contain individually identifiable health information about you. These records are generally referred to as "medical records" or "mental health records", and this notice, among other things, concerns the privacy and confidentiality of those records and the information contained therein.

Uses and Disclosures Without Your Authorization- For Treatment, Payment, or Health Care Operations

Federal privacy rules (regulations) allow health care providers (me) who have direct treatment relationship with the patient (you) to use or disclose the patient's personal health information, without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization.

Uses and Disclosures of Your Protected Health Information that Require Your Authorization

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization, different from Minnesota Patient Consent, to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not effect any use of disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

- **Research:** We may disclose information to external researchers with your authorization, which we attempt to collect in a manner consistent with applicable state laws.
- **Marketing:** We will not be able to use or disclose your name, contact information or other PHI for purposes of marketing without your written consent. This does not include informing you about treatment alternatives or other health related products or services that may be of interest to you.
- **Fundraising:** We may use and/or disclose PHI about you, including disclosure to a foundation, to contact you to raise money for our organization. We would only release contact information and the dates you received treatment or services at our facility. If you do not want to be contacted in this way, you must notify in writing our contact person listed in this Notice.

Uses and Disclosures Authorized by Law that Do Not Require Your Consent, Authorization or Opportunity to Agree of Object

I may use or disclose PHI without your consent or authorization in the following circumstances:

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- When the use and/or disclosure is **authorized or required by law.**
- When the use and /or disclosure is **necessary for public health activities.** For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the disclosure **relates to victims of abuse, neglect , or domestic violence.**
- When the use and/or disclosure is **for health oversight activities.** For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized to oversee our operations.
- When the disclosure is **for judicial and administrative proceedings.** For example, we may disclose PHI in response to a court order or administrative tribunal.
- When the disclosure is **for law enforcement purposes.** For example, we may disclose PHI to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the use and /or disclosure **relates to decedents.** For example, we may disclose PHI to a coroner or medical examiner, consistent with applicable laws, to carry out their duties.
- When the use and /or disclosure **relates to cadaver, organ, eye, or tissue doantation purposes.** Consistent with applicable law, we may disclose health information to the organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- When the use and /or disclosure **relates to Worker's Compensation.** We may disclose relating to workers compensation or other similar programs established by law.
- When the use and/or disclosure is **to avert a serious threat to health or safety.** For example, we may disclose PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- When the use and/or disclosure **relates to specialized government functions.** For example, we may disclose PHI if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- When the us an/or disclosure **relates to correctional institutions** and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

Client's Rights Regarding Protected Health Information

- **Right to Request Restrictions-** You have the right to request restrictions on certain uses of disclosures of protected health information. However, I am not required to agree to a restriction you request.
- **Right to Inspect and copy-** You have the right to inspect and obtain a copy of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Under certain circumstances, I may deny your access to PHI, but in some cases, you may have this decision reviewed.
- **Right to Receive Confidential Communications by Alternative Means and alternative Locations-** For example, you may not want a family member to know you are seeing me. On your request, I will send your bills to another address.
- **Right to Request Amendment to PHI-** Your request must be in writing and must explain your reasons for the amendment and when appropriate provide supporting documentation. I may deny your request under certain circumstances.
- **Right to Request Accounting Disclosures of PHI-** You have the right to a listing of certain disclosures we have made of your PHI. You must request this in writing.
- **Right to Receive a copy of This Notice-** You have the right to request a paper copy of the Notice ant any time. I will provide a copy of this Notice on the date you first receive service from me (except when the first contact is not in person, and then I will provide the Notice as soon as possible).