

**Lakeside Mental Health
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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 this notice carefully.**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how Lakeside Mental Health may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA, including the HIPAA Privacy and Security Rules. It also describes your rights regarding how you may gain access to and control your HPI.

Lakeside Mental Health is required by law to maintain the privacy of HPI and to provide you with notice of their legal duties and privacy practices with respect to HPI. Lakeside Mental Health is required to abide by the term of this Notice of Privacy Practices. Lakeside Mental Health reserves the right to change the terms of their Notice of Privacy Practices at any time. Lakeside Mental Health will provide you with a copy of the revised Notice of Privacy Practices by sending you a copy in the mail upon request or providing one to you at your next appointment.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, evaluating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. Additionally, Lakeside Mental Health may disclose your PHI to others who may assist in your care, such as another healthcare provider, spouse, child, or parent.

Scheduling Appointments: Your PHI, such as e-mail address and phone number, may be used to contact you and leave messages for scheduling purposes and appointment reminders.

Payment: Your PHI may be used and disclosed to you, third parties responsible for payment, insurance companies, or other necessary sources so that payment can be billed and received for the services provided to you. Examples of payment related activities include: making a determination of eligibility of coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due

to lack of payment for services, only the minimum amount of PHI necessary for purposes of collection will be disclosed.

For Healthcare Operations: Your PHI may be used and disclosed, as needed, to support business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, your PHI may be shared with third parties that perform various business activities (e.g., billing or dictation services) provided Lakeside Mental Health has a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization.

Required by Law: Under the law, your PHI must be disclosed to you upon request. In addition, disclosures must be made to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule and applicable laws.

WITHOUT AUTHORIZATION

The following is a list of categories and uses of disclosures permitted by HIPAA without authorization. Applicable law and ethical standards permit disclosure of PHI about you without your authorization only in a limited number of situations.

As a psychologist licensed in Minnesota, it is practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories.

Child or Elder Abuse or Neglect: Your PHI may be disclosed to a state or local agency that is authorized by law to receive reports of child or elder abuse or neglect.

Judicial and Administrative Proceedings: Your PHI may be disclosed pursuant to a subpoena, court order, administrative order, or similar process.

Deceased Patients: Your PHI may be disclosed regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty years is not protected under HIPAA.

Duty to Warn and Protect: Your PHI may be used and disclosed to protect the threatened individual if your provider believes you present a clear and imminent risk of serious physical harm to another person.

Medical Emergencies: Your PHI may be used or disclosed in a medical emergency situation to medical personnel when your provider believes there is clear and imminent risk that you will physically harm yourself. This may include seeking hospitalization or

other treatment for you, or contacting any person involved in your protection (e.g. parent/guardian).

Family Involvement in Care: Your PHI may be disclosed to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight: If required, your PHI may be disclosed to a health oversight agency for activities authorized by law such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement: Your PHI may be disclosed to a law enforcement official as required by law, in compliance with a subpoena, court order, administrative order, or similar document for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Lawsuits/Complaints: If you file a complaint or lawsuit against your provider, your PHI may be used and disclosed to provide any requested information or any information related to your provider's defense against your complaint.

Specialized Government Functions: Requests will be reviewed from U.S. Military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons, and to the Department of State for medical suitability determinations, and your PHI may be disclosed based on your written consent, mandatory disclosure laws, and the need to prevent serious harm.

Public Health: If required, your PHI may be used or disclosed for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directly by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety: Your PHI may be used and disclosed if necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research: PHI may only be disclosed after a special approval process or with your authorization.

Verbal Permission: Your PHI may be used or disclosed to family members that are directly involved in your treatment with your verbal permission.

WITH AUTHORIZATION

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that use or disclosure of your PHI has already been made based upon your authorization.

YOUR RIGHTS

You have the following rights regarding PHI maintained about you. To exercise any of these rights, please submit a written request to your provider.

Right of Access to Inspect and Copy: You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set.” A designated record set contains mental health/medical and billing records and other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. You may be charged a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may request that a copy of your PHI be provided to another person.

Right to Amend: If you believe your HPI is incorrect or incomplete, you may request an amendment to the information although agreement to amend the information is not required. If your request to amend is denied, you have the right to file a statement of disagreement. A rebuttal to your statement will be written and provided to you.

Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures made of your PHI. You may be charged a reasonable fee if you request more than one accounting in any 12-month period.

Right to Restrictions: You have the right to request a restriction or limitation on the use or disclosures of your PHI for treatment, payment, or healthcare operations. Agreement of your request is not required unless the request is to restrict disclosure of PHI to a health plan for the purposes of carrying out payment or healthcare operations, and the PHI pertains to a healthcare item or service that you paid for out-of-pocket.

Right to Request Confidential Communication: You have the right to request that communications with you about health matters are conducted in a certain way or at a certain location. Reasonable requests will be accommodated. Information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating requests is required. You are not required to provide an explanation for your request.

Breach Notification: If there is a breach of unsecured PHI concerning your, you may be entitled to received notification of the breach, including what happened and what you can do to protect yourself.

Right to a Copy of this Notice: You have the right to a printed copy of this notice.

COMPLAINTS

If you believe your privacy rights have been violated, you have the right to file a written complaint with your provider by sending a letter outlining your concerns to:

Lakeside Mental Health
2330 Troop Drive #101
Sartell, MN 56377

You may also file a complaint with the Minnesota Department of Human Services by calling (651) 431-2000. You will not be retaliated against for filing a complaint.

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

Federal law requires that your provider have proof that you have received the Notice of Privacy Practices. By signing below, you acknowledge that you have received a copy of the Notice of Privacy Practices.

Name (PLEASE PRINT)

Signature

Date

Responsible Party and/or Reason Unable to Sign

Date