



Notice of Privacy Practices

This notice is provided to inform you of your/your child's rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It describes how Helping Minnesota's Kids may use and disclose your/your child's protected health information to carry out treatment, payment, or health care operations as well as for other reasons that are permitted or required by law. It also describes your/your child's rights to access and control your/your child's protected health information.

"Protected health information" is information about you/your child, including demographic information that may identify you/your child and that relates to your/your child's past, present or future health or condition and related health care services. It is our professional obligation to adhere to the terms of this notice of privacy. This notice applies to all protected health information maintained by Helping Minnesota's Kids. Terms of this notice may be changed at any time. The new notice will be effective for information maintained at that time. Upon your request, we will provide you with the revised policy.

Use and Disclosure of Protected Health Information: Your/your child's protected health information may be used and disclosed by Helping Minnesota's Kids for the purpose of providing health care services to you/your child. Your/your child's protected health information may also be used and disclosed to pay your health care bills and to support the operations of your/your child's therapist's practice. Below are examples of ways your/your child's protected health information may be used and/or disclosed. The list is not meant to be exhaustive; rather, it is a general description regarding the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your/your child's protected health information to provide, coordinate, or manage health care and any related services. For example, we may use and/or disclose protected health information to discuss treatment and coordinate care with other providers involved in your/your child's care. We may also use and/or disclose protected health information for the purposes of peer reviews, to discuss medical necessity, provide input regarding treatment strategies, or make recommendations for treatment planning.

Payment: Your/your child's protected health information will be used and disclosed, as needed, to obtain payment for your/your child's health care services provided by us. This includes providing written documentation and verbal statements to your/your child's insurance company in order to determine eligibility for covered services, determine medical necessity, and receive reimbursement to the services provided.

Operations: We may use or disclose, as needed, your/your child's protected health information in order to support the business activities of our office. These activities include, but are not limited to, quality assessment activities, medical billing, coordinating or arranging for other business activities, appointment reminders and follow-up calls, providing newsletters, promotional materials, upcoming event information, and activities we are participating in. Protected health information may also be used or disclosed for law enforcement purposes as required by law or in response to a valid subpoena.

Required Disclosures Permitted Without Authorization: We may use or disclose your/your child's protected health information in certain situations without your authorization or providing you the opportunity to agree or object. Examples of these situations include: *as required by law, public health, communicable diseases, health oversight, abuse or neglect, Food and Drug Administration, legal proceedings, law enforcement, research, criminal activity*. Please visit: <http://www.hhs.gov/hipaafaq/use/index.html> for more information about situations warranting disclosure of protected health information without consent. Other uses and disclosures of your/your child's protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your/your child's protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

Individual Rights Concerning Personal Health Information: While your/your child's health records are the physical property of Helping Minnesota's Kids, state and federal laws ensure you have the right to access and control your/your child's private health information. Details about these rights are provided below.

Inspect and Copy: You have the right to inspect and obtain a copy of any of your/your child's health information for as long as we maintain it unless the information is likely to cause harm to you or others. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

Correct (amend) Your Health Information: If you feel that the private health information we have about you/your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by Helping Minnesota's Kids. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Request Confidential Communications: You have the right to request that we communicate with you about private information in a certain way or at a certain location. We will comply with requests so long as it is reasonable for us to do so.

An Accounting of Disclosure: You have the right to request an accounting of disclosures. This is a list of all the disclosures we make of health information about you/your child that are not specifically authorized by law or by the guardian of the client. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

Request Restrictions: You have the right to request restrictions or limitations on the health information we use or disclose about you/your child for treatment, payment, or health care operations. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. Your request must state the specific restriction requested and to whom you want the restriction to apply. We will attempt to accommodate you within the regulations required by state and federal law.

A Paper Copy of This Notice: You have the right to a paper copy of this notice. You may request one at any time.

Changes to This Notice: We reserve the right to change this notice. The revised or changed notice will be effective for information we have about you/your child and any information we receive in the future.

Complaints: Complaints may be filed without fear of retaliation in any form. Complaints may be submitted via email to Heather@helpingmnkids.com or in writing to:

Helping Minnesota's Kids
Attn: Heather Ketterling
8100 Penn Avenue South
Suite 169
Bloomington MN 55431-1325

If you have reason to believe that we might have violated your privacy rights, or you disagree with a decision made concerning access to your PHI, you have the right to file a complaint with us or to the U.S. Department of Health and Human Services-Office of Civil Rights. For more information, go to www.hhs.gov/ocr/privacy/hipaa/complaints.