

2324 University Avenue West, Suite 100
Saint Paul, MN 55114
Phone/Fax 651-641-1009

During treatment at Northland Therapy Center, therapists gather information about your psychiatric and medical history and health. The information that identifies you and relates to your past, present, or future physical or mental health is referred to as your **Protected Health Information (PHI)**. This notice describes how your PHI may be used and disclosed and how you can get access to this information. Please review this notice carefully.

Clients of Northland Therapy Center are both adults and children. When we refer to “you” or “your” in this notice, we mean disclosures to the client, the client’s guardian, or the person legally authorized to receive information about this client.

- **After you have read this notice, you will be asked to sign a separate consent form. Signing this form will allow us to use and disclose your PHI in the following ways:**

Treatment: We will use your information to provide, coordinate and manage care and treatment. For example, a therapist may share information with another health care provider for consultation or a referral.

Payment: We will use information to receive payment for the services we provide. For example, we will disclose information in order to submit bills or claims to insurance companies and Medicare or Medicaid.

Health Care Operations: We will use information for certain activities related to the functioning of Northland Therapy Center. For example, we may use or disclose information for quality assurance activities.

Appointment Reminders and other health information: We may use information to send you reminders about future appointments.

When required by law: Applicable law and ethical standards permit us to disclose information about you without your authorization when required by law. Northland Therapy Center may disclose or use PHI when necessary to:

- Report suspected abuse or neglect of a child or vulnerable adult
- Comply with mandatory government agency requests (such as the psychology board or health department) audits or investigations
- Comply with a court order
- Report possible professional or sexual misconduct by a named health care professional
- Prevent or lessen a serious and imminent threat to the health and safety of you or another person. If such information is disclosed, it will be disclosed to a person or persons reasonably able to prevent or lessen then threat, including the target of the threat. If it is to ensure your safety, information may be disclosed to others such as family members, other health care professionals, and/or law enforcement officials.

Uses and disclosures that require specific authorization

We will need your written permission to use your information for any purpose other than those listed above. If you do sign an authorization form that allows us to use or disclose your PHI, you can revoke that permission, in writing, at any time.

Minors, Privacy and Confidentiality

Parents and legal guardians have a right bylaw to information in their children's files. Exceptions are minors who are married or have born a child and those who are living independently and managing their finances.

Privacy Rights

Right to Inspect and Copy: You have the right, which may be restricted only in exceptional circumstances, to inspect and obtain a copy of your PHI. You must make the request in writing. Your right to inspect and copy PHI will be restricted only in those situations in which there is compelling evidence that access would cause serious harm to you. If you request to look at (or obtain a copy of) your record is denied, you have the right to have the denial reviewed by a health care professional. We will act upon your request within thirty days. We may charge you a reasonable, cost-based fee for copies.

Right to Amend: If you feel that the information we have about you is incorrect or incomplete, you may ask us to amend the information. If your request is denied, you can write a statement of disagreement with the denial that we will keep with your medical information.

Right to request Restrictions: You may request that Northland Therapy Center not use medical information for treatment, payment or health care operations. You may also request that Northland Therapy Center not provide medical information to certain people. However, Northland Therapy Center has the right to refuse your request.

Right to an Accounting of Disclosures: You may ask us to provide you with information about disclosures of your PHI we have made in the past. Requests for accounting will not be made prior to April 14, 2003. Your request can go back six years after April 14, 2009.

Right to Request Confidential Communication: You may request that Northland Therapy Center provide you with your medical information in a confidential manner. For example, you can request that we send appointment reminders, bills, and other mailings to a different address or that we notify you of this kind of information in another way, such as a telephone call. You must make this request in writing and specify another address or means of communication. We must agree to your written request. We may also ask you to give us information about how you will pay your bills.

Right to File A Complaint: If you feel your medical information rights have been violated, you may file a complaint with the Secretary of Health and Human Services and/or with your Northland Therapy Center privacy official, who is your therapist. Filing a complaint will not affect the quality of the services you receive from Northland Therapy Center, and you will not be retaliated against for filing a complaint.

The effective date of this notice is April 14, 2003. Northland Therapy Center is required by law to maintain the privacy of PHI and provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new notice of Privacy Practices will be effective for all PHI we maintain at that time. We will provide you with a copy of the revised notice by sending a copy to you in the mail upon request or providing one to you at your next appointment.

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Notice of Privacy Practices

Receipt and Acknowledgement of Notice

Patient/Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have been given an opportunity to read a copy of Northland Therapy Center's Notice of Privacy Practices. I understand that if I have any questions regarding the notice or my privacy rights, I can contact Northland's privacy officer, who is my therapist, at the address and phone number listed above.

Signature of Patient/Client

Date: _____

Signature of Parent, Guardian, or Personal Representative*

Date: _____

*Please describe your legal authority to act for this individual

Patient/Client refuses to Acknowledge Receipt
(Circle)

Signature & Date, Northland
Staff Member