

Name: _____

HIPAA Notice of Privacy Practices

I. It is Advanced Practice Psych Services known here as 'APPS' legal duty to safeguard your protected health information (PHI) and inform you of our 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 review it carefully.

II. DEFINITION

By law APPS is required to ensure that your PHI is kept private. The PHI constitutes information created or noted by APPS 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.

III. HOW APPS WILL USE AND DISCLOSE YOUR PHI

APPS may use and disclose your PHI for the following reasons on a "need to know" basis:

- A. To provide treatment or services;
- B. For health care operations (i.e., case consultation, quality control, accreditation processes, etc.);
- C. To obtain payment for treatment or services.
- D. In cases where a client is served in more than one APPS program;
- III. When required by federal, state, or local law:
 - A. If we become aware that you may be a danger to yourself or a reasonably identifiable other;
 - ii. If we become aware of/suspect child abuse or neglect (MN Stat 626.645, Subdivision 3);
 - iii. If we become aware of/suspect abuse or neglect of a vulnerable adult (MN Stat 626.557, NDCC Ch. 50-25-2);
 - iv. If we are court ordered to testify or to submit our records to the court;
- IV. 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
- V. For specific government functions. APPS may disclose PHI of military personnel and veterans under certain circumstances. We may disclose PHI in the interests of national security or assisting with intelligence operations;
- VI. For research or educational purposes;
- VII. For Workers' Compensation purposes;
- J. Appointment reminders and health related benefits or services;
- K. Disclosures to family, friends, or others. APPS 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.
- L. If disclosure is otherwise specifically required by law;

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI You have the right:

- A. To see and get copies of your PHI at the cost of no more than \$.15 per page. Requests must be made in writing within 14 business days. You will receive a response within 30 days of APPS receiving your written request. If denied, reasons for denial will be provided to you.
- B. To request limits on uses and disclosures of your PHI. While your request will be considered, APPS is not legally bound to agree. You do not have the right to limit the uses and disclosures that APPS is legally required or permitted to make.
- C. To choose how your PHI is sent to you. (i.e., sent to your work address instead of home address, cell phone vs. home phone, etc.) We are obliged to agree to your request provided that we can do so without undue inconvenience.
- D. 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 (in writing) that the existing information is corrected or the missing information is added.
- E. To receive a paper or email copy of this notice.

V. ELECTRONIC COMMUNICATION

APPS staff are trained to limit electronic communication of client information whenever possible. If you choose to communicate with your service provider electronically (i.e.; email, text messages, cellular phones, etc.) you will be asked for written permission to do so. Please also be aware of the security risks involved in this type of communication.

VI. HOW TO COMPLAIN ABOUT APPS PRIVACY PRACTICES

If you believe 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 APPS privacy practices, no retaliatory action will be taken against you.

VII. 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 APPS 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: Mary Andersen at mmacns@hotmail.com

Signature: _____ Date: _____