
NOTICE OF PRIVACY PRACTICES

This notice describes how psychological/psychiatric and medical information about you may be used and disclosed, and how much access you have to this information. Please review this information carefully.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

ACP may use or disclose your Protected Health Information (PHI) for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment, and Health Care Operations”
 - Treatment is when ACP provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when ACP consults with another health care provider, such as your family physician or another psychologist.
 - Payment is when ACP obtains reimbursement for your healthcare. Examples of payment are when ACP discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage
 - Health Care Operations are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters, such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within our practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of our practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

ACP may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when ACP is asked for information for purposes outside of treatment, payment, or health care operations, ACP will obtain an authorization from you before releasing this information.

ACP will also obtain an authorization from you for:

- Use and disclosure of any information for marketing and fundraising purposes.
- Disclosures that constitute the sale of your personal information
- Disclosure of PHI for clinical research purposes.

You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) ACP has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent Nor Authorization

ACP may use or disclose PHI without your consent or authorization in the following cases:

- **Child Abuse:** If ACP knows or has reason to believe a child is being neglected or physically or sexually abused, or has been neglected or physically or sexually abused within the preceding three years, ACP must immediately report the information to the local welfare agency, police, or sheriff’s department.
- **Adult and Domestic Abuse:** If ACP has reason to believe that a vulnerable adult is being or has been maltreated, or if ACP has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained, ACP must immediately report the information to the appropriate agency in the county. ACP may also report the information to a law enforcement agency.

“*Vulnerable adult*” means a person who, regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction:

- i. That impairs the individual’s ability to provide adequately for the individual’s own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and
- ii. because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect the individual from maltreatment.

- **Health Oversight Activities:** ACP may disclose your PHI to a health oversight agency for activities authorized by law. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, & government agencies that ensure compliance with civil rights laws.
- **Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that ACP has provided you and/or the records thereof, such information is privileged under state law and ACP must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. ACP will inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim, ACP must make reasonable efforts to communicate this threat to the potential victim or to a law enforcement agency. ACP must make reasonable efforts to communicate this threat to the potential victim or to a law enforcement agency. ACP must also do so if a member of your family or someone who knows you well has reason to believe you are capable of and will carry out the threat. ACP may also disclose information about you necessary to protect you from a threat to commit suicide or serious harm to self or others.
- **Business Associates:** ACP may use or disclose your PHI to an outside company that assists us in operating our health system. These outside companies are called "business associates" and they contract with us to keep any PHI received from us confidential the same way we do.
- **Worker's Compensation:** If you file a worker's compensation claim, a release of information from ACP to your employer, insurer, the Department of Labor and Industry, or yourself will not need your prior approval.
- **Subpoena by a Court of Law:** ACP is required to provide requested information stated on the subpoena to the court. The subpoena may require your clinician to be present in court to testify.
- **Court Ordered Services:** If you receive services at ACP that are ordered by a court of law, ACP is required to forward the requested information to the court.
- **As Required by Government/Law:** ACP will comply with all local, state, and federal agencies and regulations to comply with required disclosures of personal health information. This may include disclosures related to public health authority, coroner or medical examiner, military or veterans' affairs agencies, national security purposes, and law enforcement matters.

IV. Patient's Rights and ACP's Duties

Patient's Rights:

- *Right to Request Restrictions:* You have the right to request in writing restrictions on certain uses and disclosures of protected health information. However, ACP is not required to agree to a restriction you request. You also have the right to request that ACP not release any information to an insurance company if you have paid for the health service in full and out of pocket.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:* You have the right to request in writing and receive confidential communications of PHI by alternative means and at alternative locations (for example, you may not want a family member to know that you are being seen at ACP. On your written request, ACP will send your bills to another address).
- *Right to Inspect and Copy:* You have the right to request in writing to inspect or obtain a copy (or both) of PHI in ACP's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. ACP may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, ACP will discuss with you the details of the request and denial process.
- *Right to Amend:* You have the right to request in writing an amendment of PHI for as long as the PHI is maintained in the record. ACP may deny your request. On your request, ACP will discuss with you the details of the amendment process.
- *Right to an Accounting of Disclosures:* You have the right to request in writing to receive an accounting of disclosures of PHI for which you have neither provided consent for authorization (as described in Section III of this Notice). On your request, ACP will discuss with you the details of the accounting process.
- *Right to a Paper and/or Electronic Copy of This Notice:* You have the right to request in writing to obtain a paper copy of the notice from ACP upon request, even if you have agreed to receive the notice electronically.
- *Right to be Notified of a Breach:* You have the right to be notified in the event that ACP (or one of our Business Associates) discovers a breach of your protected health information.

ACP Duties:

ACP is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. ACP reserves the right to change the privacy policies and practices described in this notice. Unless ACP notifies you of such changes, however, ACP is required to abide by the terms currently in effect.

V. Complaints and Grievances

If you are concerned that ACP has violated your privacy rights, or if you disagree with a decision ACP made about access to your records, you may contact the Clinic Director at (612) 925-6033. You will not be penalized for filing a complaint.

You may also send a written complaint to the secretary of the U.S. Department of Health and Human Services. The Clinic Director can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy.

This notice will go into effect on April 14th, 2003; revised September 20th, 2013; revised February 2018.

ACP reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that ACP maintains. ACP will provide you with an updated notice at your first appointment after the updates were made. ACP will also provide the revision on their website, www.acp-mn.com.

CLIENTS RIGHTS AND DATA PRIVACY

1. You have the right to know what specific training I have as a clinician, what college or university I received my degree from, and if I am licensed or certified to practice in the State of Minnesota.
2. You have the right to decide not to receive services from me. If you wish, I shall provide you with the names of other qualified professionals.
3. You have the right to end services at any time without any moral or legal obligation. Your only obligation is to pay the balance of your account.
4. You have the right to ask any questions about the procedures used during treatment. If you wish, I shall explain my usual methods to you.
5. You have the right to prevent the use of certain treatment techniques; I shall inform you of my intention to use any unusual procedures and shall describe any risk involved.
6. You have the right to prevent electronic recording of any part of the sessions; permission to record must be granted by you in writing on a form that explains exactly what is to be done and for what period of time. I shall explain my intended use of recordings and provide a written statement to the effect that they will not be used for any other purpose. You have the right to withdraw your permission to record at any time.
7. You have the right to request to review your records. In a few cases, information obtained from you is classified as "confidential." *Confidential information is not open to anyone—not even you.* Information in this category deals with adoption, civil or criminal investigation, certain medical data, and the names of person(s) who reported child or vulnerable adult neglect or abuse. "Abuse" is defined as any act that violates the prostitution or criminal sexual conduct laws; or the intentional and non-therapeutic infliction of pain or injury; or a persistent course of conduct intended to produce mental or emotional distress. "Neglect" happens when someone supposed to take care of a minor or a vulnerable adult fails to supply or ensure that the person has necessary food, clothing, shelter, health care, or supervision.
8. One of your most important rights involves confidentiality. Within certain limits, information revealed by you during treatment will be kept strictly confidential and will not be revealed to any other person or agency without your written permission with the exception of:
 - a. Staff members working with you or reviewing your case as a part of clinical supervision.
 - b. Upon request of the Minnesota Department of Public Welfare to review files in connection with monitoring Medical Assistance records, Department of Human Services (Rule 29), or your insurance company.
 - c. If you are transferred to another clinician at ACP.
9. If you request it, any part of your records in the files can be released to any person or agencies you designate. I shall tell you at the time whether or not I think making the record public will be harmful to you. If you live in a Residential Health Care environment my assessment and recommendations will be revealed to relevant staff involved with your care including your physician.
10. You should know that there are certain situations in which I am required by law to reveal information obtained during treatment to other persons or agencies without your permission. Also, I am not required to inform you of my actions in this regard. These situations are as follows:
 - a. If you threaten grave bodily harm or death to another person, I am required by law to inform the intended victim and appropriate law enforcement agencies.
 - b. If a court of law issues a legitimate subpoena, I am required by law to provide the information specifically described in the subpoena.
 - c. If you are in treatment or being tested by order of a court of law, the results of the treatment or tests ordered must be revealed to the court.
 - d. Several laws in Minnesota require that I file reports to appropriate state agencies when I learn of minors or "vulnerable" adults (those over 18 who live in or receive services from an agency of the Minnesota Department of Public Welfare, or those who are otherwise unable to report without assistance) who are currently, or have within a specified period of time, been abused or neglected.
 - e. Suicide threats.

STAFF EXPECTATIONS OF CLIENTS

As a client, you have responsibilities as well as rights. You can help yourself by being responsible in the following ways:

To be honest – You are responsible for being honest and direct about everything that relates to you as a client. Tell the staff about everything that relates to you as a client. Tell the staff exactly how you feel about the things that are happening to you. Do not wait. In order for us to help you, we need to know what you are feeling and thinking during your sessions.

To understand – You are responsible for understanding your treatment plan to your own satisfaction. If you do not understand, ask your clinician. Be sure you do understand since this is important to the success of treatment.

To follow the treatment plan – It is your responsibility to advise the people treating you whether or not you think you can and want to follow a certain treatment plan. Discuss this with your clinician.

INFORMED CONSENT

1. Psychotherapy may involve the risk of remembering unpleasant events and can arouse intense emotions of fear and anger. Intense feelings of anxiety, depression, frustration, loneliness, or helplessness may also be aroused. We will be asking questions about you, your family, vocational, social, and sex history. We realize these questions are personal, but the information enables us to gain a more complete and thorough understanding of your situation.
2. The benefits from psychotherapy may be that you will be better able to handle or cope with your family or other social relationships, thus experiencing more satisfaction from those relationships. Another possible benefit may be a better understanding of your personal goals and values; this may lead to greater maturity and growth as a person and assist in adjusting to residential living.
3. You should know that a psychologist is not a physician and cannot prescribe or provide you with any drugs or medication or perform any medical procedures. If pharmacological treatment is indicated, your therapist can recommend the staff physician for you or you may choose your own physician.
4. Physicians, Physician Assistants, and Certified Nurse Specialists prescribe medications and can provide you with any drugs or medication. Even though they may be able to prescribe medication, they may not prescribe it if it is not in your best interest.

GRIEVANCE PROCEDURES

If you have a grievance with your clinician, you may pursue the following courses of action to obtain resolution of your grievance.

1. Your opinion, recommendation, or grievance should first be taken to your clinician for resolution at that level.
2. If you are unable to obtain resolution, you should direct your concern to the clinician's supervisor or the Clinic Director, who you can contact at (612) 925-6033.
3. The next step in the grievance process would be to contact the respective Board (Psychology, Medicine, etc.)
4. You may file a complaint with the Department of Human Services, Human Services Building: Division of Licensing, P.O. Box 64242, St. Paul, MN 55164-0242, phone (651) 296-3971

BILL OF RIGHTS OF CLIENTS

Consumers of services offered by clinicians licensed by the State of Minnesota have the right:

1. To expect that a clinician has met the minimal qualification of training and experience required by state law.
2. To examine public record maintained by the respective Board which contain the credentials of a clinician.
3. To obtain a copy of the rules of conduct from the State Register and Public Documents Division of Department of Administration, 117 University Avenue, St. Paul, MN 55155
4. To report complaints to the:
 - MN Board of Psychology
 - MN Board of Medicine
 - MN Board of Social Work
 - MN Board of Nursing
 - MN Board of Marriage and Family
5. To be informed of the cost of professional services before receiving the services
6. To privacy as defined by rule and law.
7. To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving treatment.
8. To be free from exploitation for the benefit or advantage of the clinician.
9. Access to records in accordance with the Health Insurance Portability and Accountability Act

COMPETENCIES OF YOUR CLINICAL STAFF:

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|-------------------------|---|
| 1. Diagnosis | 6. Family Consultation |
| 2. Assessment | 7. Testing |
| 3. Individual Treatment | 8. Working with Specialized Populations |
| 4. Staff training | 9. Group Services |