



## **NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS**

*This notice describes mental health and medical information about you may be used and disclosed, and how much access you have to this information. Please review this information carefully.*

### **Uses and Disclosures for Treatment, Payment, and Health Care Operations**

The HIPAA Privacy Rule allows ACP to share Protected Health Information (PHI) without patient consent for the purposes of Treatment, Payment, and Healthcare Operations (TPO – see definitions below). This means ACP can share information with other providers involved in your care, for billing purposes, or for certain administrative activities related to healthcare, without needing explicit permission from you (according to HHS.gov).

**Treatment:** Sharing PHI with other healthcare professionals involved in a patient's care is permitted under the "Treatment" aspect of TPO. This includes sharing information for consultation, referrals, and coordination of care.

**Payment:** Covered entities (ACP) can share PHI with health plans or other entities for billing and payment purposes, such as submitting claims or processing payments.

**Healthcare Operations:** This encompasses a range of administrative, financial, legal, and quality improvement activities of a healthcare organization. Examples include conducting quality assessments, conducting audits, training staff, improving patient safety, and managing business planning.

**Important Consideration:** While consent isn't required for TPO, ACP adheres to the "minimum necessary" standard, meaning we will only disclose the minimum amount of your information needed for the specific purpose.

### **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. You may revoke all such authorizations to release PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) ACP has already released PHI based on your written 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.

### **Uses and Disclosures with Neither Consent Nor Authorization**

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

**Maltreatment or Abuse of a Minor:** If ACP knows or has reason to believe a minor 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 appropriate agency in accordance with state reporting requirements. ACP may also report the information to a law enforcement agency.

**Maltreatment or Abuse of a Vulnerable Adult and Domestic Violence:** 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 accordance with state reporting requirements. ACP may also report the information to a law enforcement agency. ACP is required by law to report all suspected abuse, neglect, or domestic violence.

**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 Public 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 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, may 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 provider 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.

For questions or concerns, you can contact our HIPAA and Privacy Compliance Officer at 612-925-6033 or at [info@acp-mn.com](mailto:info@acp-mn.com).

## OUR RESPONSIBILITIES

ACP is required by law to maintain the privacy and security of your protected health information and to provide you with a notice of our legal duties and privacy practices with respect to PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

## YOUR RIGHTS AS A CLIENT

- You have the right to know what specific training your provider received, what college or university they received their degree from, and if they are licensed or certified to practice in the State of Minnesota or Wisconsin.
- You have the right to decide not to receive services from an ACP provider. If you wish, we will provide you with the names of other qualified professionals or refer you to your health plan for in-network provider referrals.
- 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.
- You have the right to ask any questions about the procedures used during treatment. If you wish, your provider will explain their usual methods to you.
- You have the right to refuse the use of certain treatment techniques; your provider will inform you of their intention to use any unusual procedures and will describe any risk involved.



# ASSOCIATED CLINIC OF P S Y C H O L O G Y

- You have the right to refuse electronic recording of any part of the sessions; permission to record must be granted by you. ACP will explain the intended use of the recordings, and they will not be used for any other purpose. You have the right to withdraw your permission to record at any time.
- 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.
- If you request it, any part of your records in the files can be released to any person or agencies you designate. ACP will tell you at the time whether they 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.
- 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. You have the right to appeal this decision. 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. At 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 not provided consent for authorization (as described in Section III of this Notice). At your request, ACP will discuss with you the details of the accounting process.
- Right to get an electronic or paper copy of your medical record. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- You have the right to participate in planning your treatment. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative, or both. If you cannot be present, a family member or other representative chosen by you may be included in such conferences. A chosen representative may include a doula of your choice.
- You have the right to have a designated support person to be physically present with you while you are receiving services from us. We may restrict or prohibit the presence of your designated support person when such a restriction or prohibition is strictly necessary to meet the appropriate standard of care, or when necessary to protect the privacy of other clients (i.e. group therapy settings).
- You have the right to be cared for with reasonable regularity and continuity of providers based on the treatment plan (types of interventions, frequency of visits, and duration of treatment episode), that you have discussed with your provider. If your provider is unavailable to continue your care, ACP will make reasonable effort to offer another provider with similar credentials.



### **YOUR RESPONSIBILITIES AS A CLIENT**

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 your provider about everything that relates to you as a client. Tell your provider 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 appointments.
- **To understand** – You are responsible for helping to develop and understand your treatment plan. If you do not understand, ask your provider. 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 you think you can and want to follow a certain treatment plan. Discuss this with your provider.

### **COMPLAINTS AND GRIEVANCES**

If you are concerned that ACP has violated your privacy or 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 can also submit anonymous concerns about compliance or ethics via our website at [www.acp-mn.com](http://www.acp-mn.com).

You can also contact these various state agencies:

- MN Department of Human Services - Phone: 651-431-2000; Email: [DHS.info@state.mn.us](mailto:DHS.info@state.mn.us)
- The Office of Ombudsman for Mental Health and Developmental Disabilities - Phone: 651-757-1800 or 1-800-657-3506; Email: [ombudsman.mhdd@state.mn.us](mailto:ombudsman.mhdd@state.mn.us)
- The MN Department of Health - Phone: 651-201-5000

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).