

**Notice of Privacy Practices**

Under the Health Insurance Portability and Accountability Act of 1996

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

Our Pledge Regarding Your Medical Information

Intentional Self Counseling, Coaching & Consultation believes that each client is entitled to the delivery of the highest quality care in an environment that both promotes and respects the confidentiality of all patient-related information. As such, we pledge that we will continuously improve our policies, procedures and systems so that protected health information is properly protected from inadvertent disclosure and/or compromise. We will always release the minimum amount of information necessary to accomplish the stated purpose for the release and, will never release protected health information without your written consent before doing so. We will work to fully comply at all times with local, state and federal guidelines regarding the confidentiality and protection of protected health information.

Our Legal Duties Regarding Your Medical Information

Intentional Self is committed to full compliance with HIPAA and therefore, with the confidentiality of “protected health information”, i.e., the information that is in your medical and/or counseling records. We are required by law to:

a. Maintain the security and privacy of your health information;

b. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;

c. Abide by the terms of this notice until such time as our privacy practices or the law changes;

d. Notify you if we are unable to comply with a requested restriction;

e. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations; and

f. Inform you if we are unable to comply with any request you make regarding your protected health information.

Uses and Disclosures of Your Health Information

Each time you receive services from Intentional Self, clinical entries are made in your records. This information is used to insure that care is appropriate, consistent and clinically justified. We will release protected health information to persons or organizations when you direct us to do so but only with your prior written consent.

In some limited cases, we might need to release your protected health information to an insurance company or other funding source but such releases would be made only with your knowledge and approval. We may use your health information to evaluate the quality of care that you receive, such as comparing patient data to improve treatment methods.

We may use or disclose identifiable health information about you without your authorization for several other reasons allowed by law or regulation. Subject to certain requirements contained in Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended, and the procedures, limitations, exclusions and exceptions contained in Chapter 42, United States Code, Section 290 dd-2, and Chapter 42, Code of Federal Regulations, Sections 2.1 through 2.67, inclusive, we may give out health information without your authorization for public health purposes, abuse and neglect reporting, auditing purposes, judicial and administrative proceedings, research studies, funeral arrangements and organ donation, workers’ compensation purposes, specialized government functions, and emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. We may also initiate face-to-face communication with you about goods and services related to your care. We may also contact you about appointment reminders or treatment alternatives. Generally, and in other situations, we may ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you may later revoke that authorization to stop any future uses and disclosures.

Your Rights Regarding Your Medical Information

As a client of Intentional Self, you have the following rights regarding information we maintain about you:

a. The right to inspect and obtain a copy of protected health information in your records;

b. The right to request amendment of any protected health information that you feel is incorrect, inaccurate or incomplete;

c. The right to request an accounting of all disclosures of your protected health information;

d. The right to request an accounting of disclosures and specifically, the right to know who your health information was disclosed to, what information was disclosed and the purpose for the release;

e. The right to request restrictions or limits on the protected health information we release about you including the type of information we release;

f. The right to request that we communicate with you confidentially regarding your protected health information or the services we provide to you; and

g. The right to obtain a paper copy of this notice.

Complaints

If you disagree with the decision we made about access to your records, you should contact Intentional Self. If you are not satisfied with our response, you may also submit a written complaint to the U. S. Department of Health and Human Services in 200 Independence Avenue, S.W. Washington, D.C. 20201 Washington, DC.

You have a right to file a grievance with the licensing board if you feel that your concerns have not been appropriately addressed through this course of action.

Board of Behavioral Health & Therapy (LPC/C), 2829 University Ave SE, Ste 210, Mpls, MN 612-617-2178

Board of Social Work, 2829 University Ave SE, Ste 340, Mpls, MN 55414 612-617-2100

Board of Marriage and Family Therapy, 2829 University Ave SE, Ste 330, Mpls, MN 612-617-2220

You can submit a complaint under HIPAA without fear of retaliation or harassment.



**Acknowledgment of Review and Receipt of Privacy Practices:**

By signing below, I acknowledge that I have received this Notice of Privacy Practices and have been offered an opportunity to request restrictions on certain uses and disclosures of my protected health information.

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Printed name of client

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Printed name of legal representative (if minor)

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Signature of client

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Signature of client or legal representative (if minor)