USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

I may use or disclose your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless I have obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA Privacy Rule or State law. Note that I may be required under Minnesota law to obtain consent from you in connection with certain disclosures that fall within the below listed categories.

• **Treatment:** I will use and disclose your protected health information to provide, coordinate, or manage your care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, I may disclose protected health information to physicians who may be treating you or consulting with me with respect to your care. In some cases, I may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

• **Payment:** Your Protected Health Information will be used to obtain payment for the services I provide. This may include certain communications to your health insurer to get approval for the treatment I recommend. I may also disclose protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered. In order to get payment for your services, I may also need to disclose your protected health information to your health insurer to demonstrate the medical necessity of the services or to demonstrate that required documentation exists.

• **Operations:** I may use or disclose your protected health information to facilitate the function of the practice and to provide quality care to all clients. These activities include, but are not limited to, quality assessment and improvement activities, accreditation, certification, licensing or credentialing activities, review and auditing activities including compliance reviews, medical reviews, legal services, and maintaining compliance programs, and business management and general administrative activities.

• **Required by Law:** I may use or disclose your protected health information when required to do so by local, state, or federal law.

• **Abuse, Neglect, and Domestic Violence:** Your protected health information will be disclosed to the appropriate government agency if there is belief that a patient has been or is currently the victim of abuse, neglect, or domestic violence and the patient agrees or it is required by law to do so. In addition, your information may also be disclosed when necessary to prevent a serious threat to your health or safety or the health and safety of others to someone who may be able to help prevent the threat.
• **Judicial and Administrative Proceedings:** As sometimes required by law, we may disclose your Protected Health Information for the purpose of litigation to include: disputes and lawsuits; in response to a court or administrative order; response to a subpoena; request for discovery; or other legal processes. However, disclosure will only be made if efforts have been made to inform you of the request or obtain an order protecting the information requested. Your information may also be disclosed if required for our legal defense in the event of a lawsuit.

• **Law Enforcement:** I will disclose your protected health information for law enforcement purposes when all applicable legal requirements have been met. This includes, but is not limited to, law enforcement due to identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or warrant, and grand jury subpoena.

• **Public Health:** Your protected health information may be disclosed and may be required by law to be disclosed for public health risks. This includes to prevent or control disease; report births and deaths; report child abuse and/or neglect; reporting of reactions to medications or problems with health products; reporting a person who may have been exposed to a disease or may be at risk of contracting and/or spreading a disease or condition.

• **Health Oversight Activities:** I may disclose your protected health information to a health oversight agency for audits, investigations, inspections, licensures, and other activities as authorized by law.

• **Inmates:** If you are or become an inmate of a correctional facility or under the custody of the law, we may disclose protected health information to the correctional facility if the disclosure is necessary for your institutional health care, to protect your health and safety, or to protect the health and safety of others within the correctional facility.

• **Military, National Security, and other Specialized Government Functions:** If you are in the military or involved in national security or intelligence, we may disclose your Protected Health Information to authorized officials.

• **Breach Notification Purposes:** If for any reason there is an unsecured breach of your protected health information, I will utilize the contact information you have provided me with to notify you of the breach, as required by law. In addition, your protected health information may be disclosed as a part of the breach notification and reporting process.

• **Business Associates:** I may disclose your protected health information to business associates who provide us with services necessary to operate and function as a medical practice. I will only provide the minimum information necessary for the associate(s) to perform their functions as it relates to my business operations. For example, I use a separate company to process my billing services (Paragon Billing) and they require access to a limited amount of your health information. Please know and understand that any business associate is obligated to comply with the same HIPAA privacy and security rules in which we are obligated.
USES AND DISCLOSURES IN WHICH YOU HAVE THE RIGHT TO OBJECT AND OPT OUT

• Communication with family and/or individuals involved in your care or payment of your care: Unless you object, disclosure of your protected health information may be made to a family member, friend, or other individual involved in your care or payment of your care in which you have identified.

• Disaster: In the event of a disaster, your protected health information may be disclosed to disaster relief organizations to coordinate your care and/or to notify family members or friends of your location and condition. Whenever possible, I will provide you with an opportunity to agree or object.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION
I will not disclose or use your protected health information in the situations listed below without first obtaining written authorization to do so. In addition to the uses and disclosures listed below, other uses not covered in this notice will be made only with your written authorization. If you provide me with authorization, you may revoke it at any time by submitting a request in writing:

• Disclosure of Psychotherapy Notes: Unless I obtain your written authorization, in most circumstances I will not disclose your psychotherapy notes. Some circumstances in which I will disclose your psychotherapy notes include the following: for your continued treatment; to defend myself during litigation; if the law requires; health oversight activities regarding your psychotherapist; to avert a serious or imminent threat to yourself or others; and to the coroner or medical examiner upon your death.

• Disclosures for marketing purposes and sale of your protected health information.

PROTECTED HEALTH INFORMATION AND YOUR RIGHTS
The following are statements of your rights, subject to certain limitations, with respect to your Protected Health Information:

• You have the right to inspect and copy your Protected Health Information (reasonable fees may apply): Pursuant to your written request, you have the right to inspect and copy your protected health information in paper or electronic format. Under federal law, you may not inspect or copy the following types of records: psychotherapy notes, information compiled as it relates to civil, criminal, or administrative action or proceeding; information restricted by law; information related to medical research in which you have agreed to participate; information obtained under a promise of confidentiality; and information whose disclosure may result in harm or injury to yourself or others. I have up to 30 days to provide the protected health information and may charge a fee for the associated costs.

• You have a right to a summary or explanation of your Protected Health Information: You have the right to request only a summary of your protected health information if you do not desire to obtain a copy of your entire record. You also have the option to request an explanation of the information when you request your entire record.
• You have the right to obtain an electronic copy of medical records: You have the right to request an electronic copy of your medical record for yourself or to be sent to another individual or organization when your protected health information is maintained in an electronic format. I will make every attempt to provide the records in the format you request; however, in the case that the information is not readily accessible or producible in the format you request, I will provide the record in a standard electronic format or a legible hard copy form. Record requests may be subject to a reasonable, cost-based fee for the work required in transmitting the electronic medical records.

• You have the right to receive a notice of breach: In the event of a breach of your unsecured Protected Health Information, you have the right to be notified of such breach.

• You have the right to request Amendments: At any time if you believe the protected health information we have on file for you is inaccurate or incomplete, you may request that we amend the information. Your request for an amendment must be submitted in writing and detail what information is inaccurate and why. Please note that a request for an amendment does not necessarily indicate the information will be amended.

• You have the right to receive an accounting of certain disclosures: You have the right to receive an accounting of disclosures of your Protected Health Information. An “accounting” being a list of the disclosures that we have made of your information. The request can be made for paper and/or electronic disclosures and will not include disclosures made for the purposes of: treatment; payment; health care operations; notification and communication with family and/or friends; and those required by law.

• You have the right to request restrictions of your Protected Health Information: You have a right to restrict and/or limit the information I disclose to others, such as family members, friends, and individuals involved in your care or payment for your care. You also have the right to limit or restrict the information we use or disclose for treatment, payment, and/or health care operations. Your request must be submitted in writing and include the specific restriction requested, whom you want the restriction to apply, and why you would like to impose the restriction. Please note that my practice is not required to agree to your request for restriction with the exception of a restriction requested to not disclose information to your health plan for care and services in which you have paid in full out-of-pocket.

• You have a right to request confidential communications: You have a right to request confidential communications from me by alternative means or at an alternative location. For example, you may designate I send mail only to an address specified by you which may or may not be your home address. You may indicate I should only call you on your work phone or specify which telephone numbers I am allowed or not allowed to leave messages on. You do not have to disclose the reason for your request; however, you must submit a request with specific instructions in writing.

• You have a right to receive a paper copy of this notice: Even if you have agreed to receive an electronic copy of this Privacy Notice, you have the right to request we provide it in paper form. You may make such a request at any time.
EFFECTIVE DATE CHANGES TO THIS NOTICE
This notice is effective December 19, 2017. I reserve the right to change the terms of this notice and will notify you of such changes. I will also make copies available of the new notice if you wish to obtain one.

DUTY
I am required by law to maintain the privacy of your health information and to provide you with this Notice. I am required to abide by terms of this Notice as may be amended from time to time. I reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that I maintain.

COMPLAINTS
If at any time you believe your privacy rights have been violated and you would like to register a complaint, you may do so by contacting me or with the Secretary of Health and Human Services.

I am the contact person for patient privacy and your rights under HIPAA. If you wish to file a complaint, please submit it in writing to the address below. I will not retaliate against you for filing a complaint.

Anxiety Alliance Counseling, LLC
Barbara J. Benson
13911 Ridgedale Dr. Ste. 240
Minnetonka, MN 55305

If you wish to file a complaint with the Secretary of the United States Department of Health and Human Services, please go to the website for the Office for Civil Rights or call 202-619-0257 (toll free 877-696-6775).