



CLIENT PRIVACY RIGHTS

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. In general, this consists of medical and billing records. To inspect and copy medical information that may be used to make decisions regarding your care, you must submit your request in writing to the Counseling Associates, LLC professional who is treating you. If you request a copy of this information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy your records in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the clinic will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Counseling Associates, LLC. To request an amendment, your request must be in writing and submitted to the Counseling Associates, LLC professional who is treating you. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information kept by or for Counseling Associates, LLC.
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures”. This is a list of other agencies that have requested information from your medical history at Counseling Associates, LLC. To request this list or accounting of disclosures, you must submit your request in writing to the Counseling Associates, LLC professional who is treating you. Your request should indicate in what form you want the list (e.g. Paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operation. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care. To request restrictions, you must make your request in writing to the Counseling Associates, LLC professional who is treating you. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you wish the limits to apply.

We are NOT Required to Agree to Your Request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Counseling Associates, LLC professional who is treating you. We will not ask the reason for your request. Your requests must specify where you wish to be contacted.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice. You may ask us to provide you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are also entitled to a paper copy of this notice.

Notice of 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 CAREFULLY: If you have any questions about this notice, please contact the Counseling Associates LLC professional who is treating you.

WHO WILL FOLLOW THIS NOTICE: This notice describes Counseling Associates' practice, how all clinics, sites, and locations will follow the items of this notice. These clinics, sites, and locations may share information with each other for the purpose of treatment, payment, and operations.

OUR PLEDGE REGARDING MEDICAL INFORMATION: We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at this center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Counseling Associates LLC whether made by personnel or your therapist.

We are required by law to:

- Make sure that medical information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU: The following categories describe different ways that we use and disclose medical information. For each category of use or disclosure, we will explain what we mean. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use information about you to provide you with treatment or services. We may disclose information about you to doctors, therapists, nurses, case managers, medical students, or other personnel who are involved in taking care of you.

For Payment: We may use and disclose information about you so that the treatment and services you receive may be billed to and payment collected from an insurance company, you, or a third party.

Family and Friends: We may use or disclose information to a family member, a personal representative, or another person responsible for your care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

For Health Care Operations: We may use and disclose information about you for our agency's operations, to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine information from other mental health care facilities

to decide if additional services should be offered and what services may be needed. We may also disclose information to doctors, therapists, nurses, medical students, and office staff for review and learning purposes.

Appointment Reminders: We may use and disclose information to contact you as a reminder that you have an appointment.

Treatment Alternatives: We may use and disclose information to tell you about health-related benefits and services that may be of interest to you.

Research: Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who one treatment to those who received another for the same condition. All research projects, however, are subject to a special process. Before we use or disclose medical information for research, the project will have been approved through a research approval process, but we may, however, disclose information about you to people preparing to conduct a research project so long as the information they review does not leave Counseling Associates, LLC. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.

As Required by Law: We will disclose information about you when required to do so by federal, state, or local law. For example, Ombudsman, Child Protection, and a Valid Court Order.

To Avert a Serious Threat to Health or Safety: We may use or disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations:

Military and Veterans: If you are a member of the armed forces, we may release information about you required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release information about you for workers' comp or similar programs. These programs provide benefits for work related injuries or illnesses.

Public Health Risks: We may disclose medical information about you for public health activities. These activities generally includes the following:

- To prevent or control discuss
- To report birth, deaths, and serious injuries
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Law and Disputes: If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release medical information if asked to do so by law enforcement officials:

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if, under certain limited circumstance, we are unable to obtain the person's agreement.
- About the death we believe may be the result of criminal conduct.
- About criminal conduct at Counseling Associates.
- In emergency circumstances to report a crime, the location of the crime or victims, the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors: We may release information to a coroner, medical examiner, or funeral director. This may be necessary to identify a deceased person or determine the cause of death.

National Security and Intelligence Activity: We may release information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose medical information about you to authorized general officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

Inmates: If you are and inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety of the correctional institution.

Business Associates: We may disclose your health information to a business associate whom we contract with to provide services on our behalf. To protect your health information, we require for business associates to appropriately safeguard the health information of our clients.

Changes to this Notice: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future.

We Will Post a Copy of the Current Notice in the Agency. The Notice will contain the effective date. In addition, each time you register for healthcare services as an outpatient, we will have available a copy of the current notice in effect.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with Counseling Associates, LLC or with the Secretary of the Department of Health and Human Services at 612-296-3971. To file a complaint with Counseling Associates, contact Mario Einsman, Director, at 507-452-5033. All complaints must be submitted in writing. **You will NOT be penalized for filing a complaint. You may not be intimidated, threatened, coerced, discriminated against, or subjected to retaliatory action for the exercise of any right established, or for the participation in any process provided.**

Other Uses of Medical Information: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reason covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.