**SouthView Counseling LLC**
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Virtual Mental Health Care
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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US. OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your psychological information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your psychological information. We must follow the privacy practices that are described in this notice while it is in effect. This notice is effective now, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice, at any time, provided applicable law permits such changes. We reserve to the right to make changes in our privacy practices and the new terms of our notice effective for all psychological information we created or reviewed before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our clients at the time of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information at the end of this notice.

**Uses and Disclosures of Psychological Information for Treatment, Payment and Health Care Operations.** Our office *may use or disclose your protected health information (PHI)*, for treatment, payment, and health care operation purposes. To help clarify these terms, here are some definitions.

- **Protected Health Information** refers to information in your health/medical record that could identify you. This does not include psychotherapy notes.
- **Treatment** is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when your provider consults with another health care provider, such as your family physician or another psychologist or counselor.
- **Payment** is when we obtain reimbursement for your healthcare. Examples of payment are when I disclose 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 with our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure** applies to activities outside our office, such as releasing, transferring, or providing access to information about other parties.

**Uses and Disclosures Requiring Authorization.** Our office may use or disclose PHI for purposes outside of treatment, payment, and 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 we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. "*Psychotherapy notes*" are notes that are made about your conversations during a private, group, joint, or family counseling session with your therapist. These notes are given a greater degree of protection that PHI. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing.

You may not revoke an authorization to the extent that (1) we have 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.

**Uses and Disclosures with Neither Consent or Authorization**. Our office may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse: if our office has reasonable cause to suspect that a child, under the age of eighteen, has been abused or neglected, law requires us, to report that information to the state's attorney, the Department of Social Services or law enforcement personnel.
- Health Oversight: If the Minnesota Board of Behavioral Health and Therapy is conducting an investigation, then we are required to disclose your mental health records upon receipt of a subpoena from the Board.
- Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we may not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance, if this is the case.
- Serious Threat to Health or Safety: When we judge that a disclosure of confidential information is necessary to protect against a clear and substantial risk of imminent harm being inflicted by you on yourself or another person, our office may disclose such information to those persons who would address such a problem (for example, the police or the potential victim).
- Workers Compensation: If you file a worker's compensation claim, our office is required by law to provide your mental health information relevant to that particular injury, upon demand, to you, your employer, the insurer, and the Department of Labor.

**Patient's Rights and Counselor Duties.** Patient Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, our office is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request 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 seeing someone in our office. Upon your request, we will send your bills to another address).
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- *Right to Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of this notice from our office upon request, even is you have agreed to receive the notice electronically.

Counselor Duties:

- We are 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.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will give you a copy of the updated policies and procedures upon your next visit to our office.

Questions and Complaints:

If you want more information about our privacy practices or if you are concerned that our office has violated your privacy rights, or you disagree with a decision our office has made about access to your records, or in response to a request you made to amend or restrict the use or disclosure of your health information, please contact SouthView Counseling LLC, Nikki Gorman, MA, LPCC, Tel: 612-364-0441 e: ngorman@southviewcounseling.com.

_____ Client Signature _____Guardian _____ Date