

NOTICE OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI"). This notice describes how your health information may be used and disclosed and how you can get access to this information. Please review it carefully. You may have additional rights under state and local law. Please seek legal counsel from an attorney licensed in your state if you have questions regarding your rights to healthcare information.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 10/22/23

I. INTRODUCTION

I understand that information about you and your health care is personal and I am committed to protecting your health information in compliance with all relevant laws and professional ethics. This notice will tell you about the ways in which I may use and disclose health information about you, both with and without your authorization. It also describes your rights to the health information I keep about you, and describes certain obligations I have regarding the use and disclosure of your health information. This notice applies to all of the medical records of your care generated by me. This does not apply to records I've received from other providers or clinics when coordinating re: your care as any requests for those records (by you or anyone else) would have to go through the original provider/clinic. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. If a new Notice goes into effect you will be notified and provided a copy. It will be available upon request and on my website.

If you have any questions, comments, or complaints after reading this document you can contact me at: 612-263-7880 or nichelle@dillontherapy.com. If you are reading this prior to an intake there will be time set aside in the intake for any questions, comments, or concerns.

II. USES AND RECORDS OF YOUR PHI WITHIN MY PRACTICE

Treatment Planning and Provision

The primary use of the health information you share in therapy is to inform the care I provide and the treatment interventions I utilize or recommend in order to provide the best quality of care.

Administrative

Information re: your scheduled appointments may be used for me to contact you (either myself or via the SimplePractice automated service) with upcoming appointment reminders. Information re: your past appointments are used for billing purposes and are provided to both you and your insurance company (if applicable). I will never sell your PHI or use your PHI for marketing purposes.

Medical Records

I keep records of the care and services you receive from me in order to provide you with quality care and to meet legal and insurance requirements. These records must include, when applicable, information about:

- Medication prescription and monitoring
- Counseling session start and stop times
- Modalities and frequencies of treatment furnished
- Results of clinical tests
- Summaries of: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

While there are record-keeping requirements I have to meet, it is important to me to protect your information as much as possible. I do this by limiting what I put in your medical record to only what is clinically relevant and/or legally required and using minimally descriptive language when possible, especially with particularly sensitive topics.

I use SimplePractice, a HIPAA-compliant Electronic Health Records (EHR) software platform, to store all medical records. I have an active HIPAA Business Associates Agreement with Simple Practice under which the company is required by federal law to comply with HIPAA and protect the electronic information from unauthorized use or disclosure. These records are maintained for as long as legally required (current federal requirements is 6 years, but some states require longer and would therefore overrule the federal requirement).

Psychotherapy Notes

Psychotherapy notes (as defined in 45 CFR § 164.501) are not a part of your medical record and have extra protections under HIPAA. Psychotherapy notes are my written notes on our therapy sessions that go into more detail about what you have discussed and are working on so that I may better remember specifics over the course of our work together in order to provide quality care. I store these notes in compliance with HIPAA confidentiality requirements separate from your medical record and only keep them as long as they are applicable to your care. These notes are not subject to the same disclosure requirements outlined in the rest of this privacy

notice and will not be disclosed to you or anyone else unless they meet the rare requirements for disclosure outlined in 45 CFR 164.508(a)(2).

III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Coordination of Care with Other Professionals

If there are other professionals involved in your care that you would like me to coordinate with re: your treatment, either via phone consultation or records sharing, you must sign a release of information to this effect. When I coordinate care via phone consultation I keep the information I share about you limited to what would be relevant to that provider based on their role in your treatment. When records are requested you have a right to specify if you want all or only some of your records shared. If you want coordination of care generally or about certain topics, but have specific information you do not want shared with that provider it is your responsibility to tell me.

Coordination of Care with Your Personal Support System

If you would like friends, family, partners, or any other non-professional members of your support system involved in your care you must sign a release to this effect. I will always have a conversation with you about to what extent you want them involved and limitations/boundaries related. Rarely, situations may arise in which I have clinical concerns about the level of involvement or lack of boundaries with members of your support system. In these instances I reserve the right to set limits around involvement of or disclosure of information to members of your support system if clinically appropriate and will discuss this with you if it occurs.

Other Situations

There may be other situations in which you would like some of your clinical information shared, such as in the event of seeking accommodations at work, school, or in your living environment. In these situations we would have a discussion about what needs to be shared depending on the situation. I will share only what is necessary to the situation in order to protect your privacy as best as possible and I will never share more than we have discussed in advance. If you want me to have direct contact with any of these people or organizations a release of information needs to be signed. If I am writing a letter or filling out a form that I give to you to then pass along to the necessary parties a release does not need to be signed as at that point it is you, not me, sharing your PHI.

You may revoke all releases of information at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Health Insurance Payment and Compliance

If you are using your health insurance plan for services I am required to provide your health insurance company with information re: your care such as diagnoses and date, time, and length of sessions for billing purposes. Occasionally, as a part of an audit, health insurance companies may request a treatment plan, treatment summary, or full access to your records and I must provide access to the requested records. In these situations, I will release the minimum information necessary. I will also inform you if such an audit happens and you may request a copy of any report that I submit to your insurance company on your behalf.

Consultation

Occasionally I may consult with other mental health professionals in order to get clinical feedback/treatment approach suggestions from other professionals so that I can provide the best care for you. In consultation I will only share information that is relevant to the aspect of your care that I am seeking consultation around. I will never use your name and will avoid all other identifying information unless it is clinically relevant to the consultation. Consultations will always be conducted between professionals and with the understanding of confidentiality within the consultation.

Safety Concerns

The following are safety concerns that I would be legally required to disclose to the relevant authorities:

1. If you threaten or attempt to commit suicide or otherwise conduct yourself in a manner in which there is a substantial risk of incurring serious bodily harm or death.
2. If you threaten grave bodily harm or death to another person.
3. If I have a reasonable suspicion that you or another named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If there is an emergent concern or situation in which it becomes necessary to contact your emergency contact.

Other Legal Limitations to Privacy and Confidentiality

1. If disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. If the state licensing board or an authorized professional review committee is conducting an investigation into my practice and your records are relevant to the investigation.

3. If a court of law issues a legitimate subpoena for information stated on the subpoena.
Note: There is a difference between a court-issued subpoena and a request for records from counsel (either your own or opposing). I am not required to comply with a request from counsel without an authorization.
4. If you are court-ordered to therapy.
5. If you are a minor, your parents are legally entitled to some information about your care. I will discuss with you and your parents what information is appropriate for them to receive and what will be kept confidential.

V. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it (if you agree to receive a summary) within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so. In some cases I may recommend viewing your records together first to support in interpreting the clinical content. In rare cases I may deny releasing records if there is legal and clinical justification for this (such as in situations where there is high potential for a threat to your well-being either from yourself or someone else).
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may

say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.

7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to a paper copy of this Notice, and you have the right to get a copy of this notice via email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.
8. The Right to 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 make choices about your health information.
9. The Right to Revoke an Authorization.
10. The Right to Opt out of Communications from our Organization.
11. The Right to File a Complaint. You can file a complaint if you feel I have violated your rights by contacting me using the information on page one or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. I will not retaliate against you for filing a complaint.

VI. CHANGES TO THIS NOTICE

I can change the terms of this Notice, and such changes will apply to all the information I have about you. If a new Notice goes into effect you will be notified and provided a copy. It will be available upon request and on my website.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.