



www.greenfieldpt.com

## NOTICE OF PRIVACY PRACTICES

### We Care About Your Privacy

#### To Our Patients

This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This document is adapted from U.S. Department of Health and Human Services Model Notice of Privacy Practices that includes an overlay of Minnesota's additional legal requirements. It is intended to be adapted by health care providers to suit their individual needs. ***Minnesota's legal requirements are in italic text and bolded***

#### Our Commitment to Your Privacy

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

We realize that these laws are complicated, but we must provide you with the following important information:

#### How do we typically use or share your health information?

We typically use or share your health information in the following ways We need your ***consent before we disclose protected health information for treatment, payment, and operations purposes, unless the disclosure is to a related entity, or the disclosure is for a medical emergency and we are unable to obtain your consent due to your condition or the nature of the medical emergency.***

- 1. Treat you:** We can use your health information and share it with other professionals who are treating you *only if we have your consent. We can only release your health records to health care facilities and providers outside our network without your consent if it is an emergency and you are unable to provide consent due to the nature of the emergency. We may also share your health information with a provider in our network.*
- 2. Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary ***We are required to obtain your consent before we release your health records to other providers for their own health care operations.***
- 3. Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities ***only if we obtain your consent.***

#### Use and disclosure of your health information in certain special circumstances

We are allowed or required to share your information in other ways--- usually in ways that contribute to the public good, such as public health and research We have to meet many conditions in the law before we can share your information for these purposes.

#### **1. Help with public health and safety issues**

- We can share health information about you for certain situations such as:

- Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety
2. **Do research:** We can use or share your information for health research ***if you do not object.***
  3. **Comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
  4. **Respond to organ and tissue donation requests:** We can share health information about you with organ procurement organizations ***only with your consent.***
  5. **Work with a medical examiner or coroner:** We can share health information with a coroner and medical examiner when an individual dies ***We need consent to share information with a funeral director.***
  6. **Address workers' compensation, law enforcement, and other government requests**
    - For workers' compensation claims
    - For law enforcement purposes or ***with a law enforcement official with your consent, unless required by law.***
    - With health oversight agencies for activities authorized by law
    - For special government functions such as military, national security, and presidential protective services ***with your consent, unless required by law.***
  7. **Respond to Legal Actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena (NOTE TO PROVIDER:Minnesota may require a court order; however, providers should consult with legal counsel upon receipt of these types of documents)
  8. **Other State Law:** The Privacy Rule requires you to describe any state or other laws that require greater limits on disclosures ***"In Minnesota, we need your consent before we disclose protected health information for treatment, payment, and operations purposes, unless the disclosure is to a related entity, or the disclosure is for a medical emergency and we are unable to obtain your consent."***

**When it comes to your health information, you have certain rights.**

**Receive an electronic or paper copy of your medical record**

- You can ask to see or copy an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information within a reasonable time
- ***If you ask to see or receive a copy of your record for purposes of reviewing current medical care, we may not charge you a fee.***

- ***If you request copies of your patient records of past medical care, or for certain appeals, we may charge you specified fees.***

**1. Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**2. Request for us to contact you confidentially**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests

**3. Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations (TPO). We are not required to agree to your request, and we may say “no” if it would affect your care
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information
- ***Minnesota Law requires consent for disclosure of treatment, payment, or operations information.***

**4. Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make) We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months

**5. Get a copy of this privacy notice**

- We will offer you a copy of this notice upon your initial visit and any time after, if we change the contents of the notice.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- We will provide you with a paper copy promptly

**6. File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on the last page of this document
- You can file a complaint with the U S Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S W Washington, D C 20201, calling 1-877-696-6775, or visiting **[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)**.
- We will not retaliate against you for filing a complaint

**For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us NOT to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**1. In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

*Minnesota Law also requires consent for most other sharing purposes.*

**2. In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again

**Our Responsibilities**

1. We are required by law to maintain the privacy and security of your protected health information.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. Per HIPAA no later than sixty (60) days from the date of discovery.
3. We must follow the duties and privacy practices described in this notice and give you a copy of it.
4. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
5. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date: May 14, 2015

HIPAA Officer: Amy Freeman

HIPAA Officer Contact Phone Number: 715-635-3979

HIPAA Officer Contact Email Address: [afreeman@therapypartners.com](mailto:afreeman@therapypartners.com)

HIPAA Officer Address: 112 Ash Street, Spooner, WI 54801