

**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

**Do research** ~ We can use or share your information for health research if you do not object.

**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.

**Respond to organ and tissue donation requests** ~ We can share health information about you with organ procurement organizations only with your consent.

**Work with a medical examiner or funeral director** ~ We can share health information with a coroner, medical examiner, or funeral director when an individual dies. We need consent to share information with a funeral director.

**Address workers' compensation, law enforcement, and other government requests** ~ We can use or share health information about you:

- For workers' compensation claims with your consent
- 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.

**Respond to lawsuits and legal actions** ~ We can share health information about you in response to a court or administrative order.

**Other State Laws** ~ 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.

#### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your PHI.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- 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.
- We do not share your information for fund raising or marketing purposes.
- We do not release substance abuse records without your written permission.

**For more information see:** [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

#### **Changes to the Terms of this Notice**

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.

Questions: If you have any questions about this notice, disagree with a decision about access to your records or have other concerns about your privacy rights, please let us know.

**Complaints:** You may file a complaint with Stacy Nunne, MA, LMFT, SEP, RN the privacy officer at Hope in Healing Counseling and Wellness, LLC, PO Box 892, Chanhassen, MN 55317, e-mail: [info@hopeinhealing.org](mailto:info@hopeinhealing.org). If you need assistance in filing a complaint, please let me know and we will assist you. Filing a complaint will not affect the quality of the services you receive and you will not be retaliated against for filing a complaint.

If you are not satisfied with the outcome of your complaint or if you wish to file a complaint outside of Hope in Healing Counseling and Wellness, LLC, you may file your complaint with the Centralized Case Management Operations, US Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, calling 1-800-368-1019, or visiting: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> or with the MN Board of Marriage and Family Therapy, 2829 University Ave SE Suite 400, Minneapolis, MN 55414, 612-617-2220, email: [mft.board@state.mn.us](mailto:mft.board@state.mn.us)

As a Licensed Marriage and Family Therapist in the State of Minnesota and a member of the American Association of Marriage and Family Therapy, it is the practice of Stacy Nunne, MA, LMFT, SEP, RN to adhere to more stringent privacy requirements for disclosures without an authorization.

This notice applies to:

Hope in Healing Counseling and Wellness, LLC  
600 West 78th Street, Suites 10A-C Chanhassen, MN 55317  
PO Box 892, Chanhassen, MN 55317  
Phone: 952-215-5208 • Fax: 888-974-6441  
e-mail: [info@hopeinhealing.org](mailto:info@hopeinhealing.org)  
website: [www.hopeinhealing.org](http://www.hopeinhealing.org)

Effective date: (revised 1-1-2020)

# **HIPAA Privacy Notice and Hope in Healing Counseling and Wellness, LLC Privacy Practices**

**This notice describes how Personal Health Information (PHI) about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

Hope in Healing Counseling and Wellness, LLC has adopted this Privacy Practice to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as amended by the Health Information Technology for Economic and Clinical Health Act ("HITECH Act") and the Department of Health and Human Services ("DHHS") security and privacy regulations as well as to fulfill our duty to protect the confidentiality, integrity, and availability of PHI as required by Minnesota State law, the Minnesota Board of Marriage and Family Therapy, and professional ethics. This notice describes your rights and how your PHI may be used and disclosed. The Privacy Rule also requires me to keep all PHI about you confidential; unless you sign a release of information or specified by rule or law.

#### **Your Rights ~ You have the right to:**

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### **Your Choices ~ You have some choices in the way that we use and share information as we:**

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information
- Raise funds

#### **Our Uses and Disclosures ~ We may use and share your information as we:**

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests

- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

**Your Rights ~ When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. You have the right to:**

- Get an electronic or paper copy of your medical record. (You can ask to see or get 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, usually within 30 days of your request.
- 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 more than one copy or copies of your patient records of past medical care, or for certain appeals, we may charge you specified fees.

#### **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.

#### **Request confidential communications**

- 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.

#### **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. 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.

#### **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.

#### **Get a copy of this privacy 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.

#### **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 exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us.
- You can file a complaint with the Centralized Case Management Operations, US Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, calling 1-800-368-1019, or visiting: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>
- We will not retaliate against you for filing a complaint.

**Your Choices ~ 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 to:

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

**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.**

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

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

#### **Our Uses and Disclosures ~ 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 PHI 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.

#### **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 share your information. We may also share your health information with a provider in our network. *Example: Your psychotherapist treating you may consult another psychotherapist about your overall treatment.*

#### **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. *Example: We use health information about you to manage your treatment and services.*

#### **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. *Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?** 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. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)