

Valentine Counseling Services



Notice of Privacy Practices

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Our pledge regarding your protected health information (PHI):

Valentine Counseling Services believes that each client is entitled to the delivery of the highest quality care in an environment that both promotes and respects the confidentiality of all patient-related information. We pledge to release the minimum amount of information necessary to accomplish the stated purpose for the release and will never release protected health information without your written consent. We will work to fully comply at all times with local, stated, and federal guidelines regarding the confidentiality of your protected health information.

Our legal duties regarding your PHI:

Valentine Counseling Services is committed to full compliance with HIPAA and therefore to the confidentiality of the information that is in your medical and/or counseling records.

We are required by law to:

- Maintain the security and privacy of your health information
- Provide you with notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice until such time as our privacy practices or the law change
- Notify you if we are unable to comply with a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations and inform you if we are unable to comply with any request you make regarding your protected health information.

Uses and disclosures of your health information:

Each time you receive services from Valentine Counseling Services, clinical entries are made in your records. This information is used to ensure that care is appropriate, consistent, and clinically justified. We will release protected health information to persons or organizations when you direct us to do so but only with your written prior consent. In some limited cases, we may need to release your protected health information to an insurance company or other funding source, but such releases would be made only with your knowledge and approval. We may use your health information to evaluate the quality of care that you received, such as comparing client data to improve treatment methods.

We may disclose identifiable health information about you without your authorization for several reasons allowed by law or regulation. Subject to certain requirements contained in public law 104-191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, and the procedures, limitations, exclusions and exceptions contained in Chapter 42, United States code, section 290dd-2 and chapter 42, Code of Federal Regulations, sections 2.1-2.67, inclusive, we may give out your health information without your authorization for public health purposes, abuse and neglect reporting, auditing purposes, judicial and administrative proceedings, research studies, funeral arrangements and organ donation, workers compensation purposes, specialized government functions, and emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. We may also initiate face-to-face communication with you about goods and

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services related to your care. We may also contact you about appointment reminders/cancellations or treatment alternatives. Generally, and in other situations, we may ask for your written authorization before using or disclosing any identifiable information about you. If you choose to sign an authorization to disclose information, you may later revoke that authorization to stop any future uses and disclosures.

Your rights regarding your PHI:

- The right to inspect and obtain a copy of your PHI in your records
- The right to request an amendment of any PHI that you feel is incorrect, inaccurate, or incomplete
- The right to request an accounting of all disclosures of your PHI
- The right to request an account of disclosures and specifically, the right to know to whom your health information was disclosed and the purpose for the release
- The right to request restrictions or limits on the PHI we release about you including the type of information we release
- The right to request we communicate with you confidentially regarding your PHI or the services we provide you
- The right to obtain a paper copy of this notice

Complaints:

If you disagree with the decision we made about access to your records, you may contact Valentine Counseling Services. If you are not satisfied with the response, you may submit a written complaint to

U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

You have a right to file a grievance with the licensing board if you feel your concerns have not been appropriately addressed through this course of action:

Board of Marriage and Family Therapy
2829 University Ave SE, Suite 400
Minneapolis, MN 55414
612-617-2220
mft.board@state.mn.us

You may submit a complaint under HIPAA without fear of retaliation or harassment.



ACKNOWLEDGEMENT OF REVIEW AND/OR RECEIPT OF
PRIVACY PRACTICES

By signing below, I acknowledge that I have been offered and **received/declined** this Notice of Privacy Practices and have been offered an opportunity to request restrictions on certain uses and disclosures of my protected health information.

Name (print) _____

Signature _____ Date _____

Name (print) _____

Signature _____ Date _____

Name (print) _____

Signature _____ Date _____

Name of guardian/legal representative (print) _____

Signature _____ Date _____

Name of guardian/legal representative (print) _____

Signature _____ Date _____

Therapist Signature _____ Date _____