

Direct: 651- 408-3174

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Fax: 651- 464-2289

“Personal Health Information”

The privacy of your health information is important to you and to me. Additionally, as a Licensed Marriage and Family Therapist, I am required by law to secure your “protected health information” (PHI). This information includes:

1. I must protect PHI that we have created or received about your past, present or future health condition, health care we provide to you or payments we receive.
2. I must notify you about how we protect PHI about you.
3. I must offer you explanation of how, when and why we use this information.
4. I may only use and/or disclose PHI if we have discussed it and you have agreed; and
5. I will and must abide by the terms of this notice.

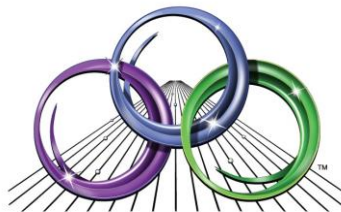
Minnesota Patient Consent for Disclosures

For most disclosures of your health information we are required by the State of Minnesota Laws to obtain a written consent from you, unless the disclosure is authorized by Law. This consent may be obtained at the beginning of your treatment, during the first delivery of health care services or at a later point in your care, when the need arises to disclose your health information to others.

Uses and Disclosures

- A. For the purposes of treatment, payment and health care operations:
1. Health Care Treatment: We may use and disclose PHI to provide, coordinate and/or manage your health care and related services. This may include communication with other health care providers regarding your treatment and coordinating and managing the delivery of health service with others.

Payments: I may use and disclose your medical information to others to bill and collect payment for treatment and services provided to you. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include



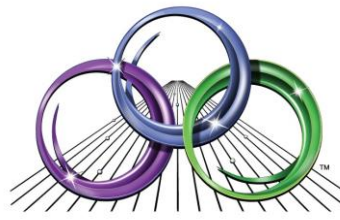
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information that identifies you, as well as your diagnosis. Before you receive scheduled services, we may share information about these services with your health plan to achieve authorization. Sharing information allows me to ask for coverage under your plan or policy and gain approval of payment before we meet. I may also share portions of your medical information with the following:

- a. The billing service I utilize (Greater Lakes Medical Billing)
 - b. Collection agency.
 - c. Insurance companies, health plans and agents.
 - d. Personnel that review the care you receive, and the costs associated; and
 - e. Consumer reporting agencies.
- B. Requiring your Authorization: You may give us written authorization, different from the Minnesota Patient Consent, to use your health information for disclosure. If you give me an authorization, you may revoke it in writing at any time. Unless you give a written authorization, I cannot use or disclose your health information for any reason except those described in this notice.
- C. Require your Opportunity to Agree or Object: I will provide you the opportunity to agree or object to a use or disclosure of your PHI in the following instances:
1. If I need to disclose information to notify a family member, personal representative, or another person responsible for your care, your location and general condition
 2. Communication with family members: health professionals, using their best judgment may disclose to a family member, other relative, close personal friend or any other person who you identify, health information relevant to that person's involvement in your care or payment related to your care.
- You have the right to object to my use or disclosure of PHI in the either of the above situations. I will take your wishes very seriously and do all I can under the law to work in your best interest.
- D. Circumstances in which I am authorized by Law to release personal information that DO NOT require your Consent, Authorization or Opportunity to Agree or Object are:
1. When the use and/or disclosure is authorized or required by law.
 2. When the use and/or disclosure is necessary for public health activities.
 3. When the use and/or disclosure relates to victims of abuse or neglect.
 4. When the use and/or disclosure is for health oversight activities.
 5. When the use and/or disclosure is for law enforcement purposes.
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6. When the use is for disclosure related to decedents.
7. When the use is to avert a serious threat to health and safety.
8. When the use disclosure related to specialized government functions.
9. When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations.

Know Your RIGHTS!

- A. You have the right to request restrictions on uses and disclosures of personal health information. I am not required, however, to agree to your request but at all times I am committed to work with you as long as it is within the ethical and legal parameters set by the State of Minnesota and the Minnesota Board of Marriage and Family Therapy.

For example, emergency care treatment; you may request a restriction be given related to the release of information to the Secretary of the Department of Health and Human Services by submitting it in writing to me. You will then be notified as to whether your request can be honored.

- A. You have the right to request communications via alternative means or to alternative locations.
- B. You have the right to see and retain a copy of the Personal Health Information outlined.
- C. You have the right to see and receive a copy of your clinical, billing and other records used to make decisions about you. Your request must be in writing. You may incur a charge for this service. There are certain situations which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of the denial.
- D. You have the right to request an amendment to your personal health information.
- E. You have the right to request an accounting of disclosures of personal health information.
- F. You have the right to receive a copy of this notice.

This document has been created from legal guidelines and is intended for the purpose of educating you of your rights and my professional obligations. If at any time you have concerns or questions, please discuss them with me and/or submit your complaint in writing. This herein, serves to meet the State and Federal procedures for "Personal Information Disclosure".

Thank you!