

Anchor Wave Therapy, LLC

HIPAA MINNESOTA NOTICE FORM

Notice of Anchor Wave Therapy

Policies and Practices to Protect the Privacy of Client Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Anchor Wave Therapy may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to identifying information in your health record
- “Treatment, Payment, and Health Care Operations”
- “Treatment” is when clinician provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when clinician consults with another health care provider, such as your family physician or a psychologist.
- “Payment” is when Anchor Wave Therapy obtains reimbursement for your healthcare. Examples of payment are when Anchor Wave Therapy disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- “Health Care Operations” are activities related to the performance and operation of Anchor Wave Therapy. Examples of health care operations are quality assessment and improvement activities, business-related matters, such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within Anchor Wave Therapy such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of our Anchor Wave Therapy, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Anchor Wave Therapy may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when clinicians are asked for information for purposes outside of treatment, payment or health care operations, Anchor Wave Therapy will obtain an authorization from you before releasing this information. Clinicians will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes made about conversations during an individual, group, joint, or family counseling session. These notes are given different protection than PHI.

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

III. Uses and Disclosures with Neither Consent nor Authorization

Anchor Wave Therapy may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If there is reason to believe a child is being neglected or physically or sexually abused or has been neglected or physically or sexually abused within the preceding three years, clinicians must immediately report the information to the local welfare agency, police or sheriff’s department.
- **Adult and Domestic Abuse:** If there is reason to believe a vulnerable adult is being or has been maltreated, or knowledge a vulnerable adult has sustained a physical injury which is not reasonably explained, Clinicians must immediately report the information to the appropriate agency in this county. Clinicians may also report the information to a law enforcement agency.
- **“Vulnerable adult”** means a person who, regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction:
 - (i) impairing the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and
 - (ii) because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect the individual from maltreatment.
- **Health Oversight Activities:** The Board of Behavioral Health may subpoena records from clinicians if they are relevant to an investigation it is conducting.
- **Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services provided you and/or the records thereof, such information is privileged under state law and clinicians must not release this information without written authorization from you or your legally appointed representative, or

a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. Clinicians will inform you in advance if this is the case.

- **Serious Threat to Health or Safety:** If you communicate a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim, clinicians must make reasonable efforts to communicate this threat to the potential victim or to a law enforcement agency. They must also do so if a member of your family or someone who knows you well has reason to believe you are capable of and will carry out the threat. Information about you necessary to protect you from a threat to commit suicide may also be disclosed.
- **Worker's Compensation:** If you file a worker's compensation claim, a release of information from Anchor Wave Therapy to your employer, insurer, the Department of Labor and Industry or you will not need your prior approval.

IV. Client's Rights and Clinician's Duties

Client's Rights:

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information. However, clinicians are not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, Anchor Wave Therapy will send your bills to another address.)
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI (and psychotherapy notes) in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Anchor Wave Therapy may deny your access to PHI or psychotherapy notes under certain circumstances, but in some cases, you may have this decision reviewed. On your request, clinicians will discuss with you the details of the request and denial process.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Clinicians may deny your request. On your request, clinicians will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, clinicians will discuss with you the details of the accounting process.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of the notice from Anchor Wave Therapy upon request, even if you have agreed to receive the notice electronically.

Clinician's Duties:

- Clinicians are required by law to maintain the privacy of PHI and to provide you with a notice of all legal duties and privacy practices with respect to PHI.
- Anchor Wave Therapy reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, Anchor Wave Therapy is required to abide by the terms currently in effect.
- If we revise our policies and procedures, you will be sent a copy by mail or given a copy in session.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact Carolyn Berger, MEd, LPCC, PhD at (612)662-7407.

If you believe your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to:

Carolyn Berger
carolyn@anchorwavetherapy.com

You may also send a written complaint to the Minnesota Board of Behavioral Health and Therapy. The person listed above can provide you with the appropriate address upon request. You can also locate more information about filing a complaint here:
<https://mn.gov/boards/behavioral-health/public-information/complaints-discipline.jsp>

You have specific rights under the Privacy Rule. Clinicians at Anchor Wave Therapy will not retaliate against you for exercising your right to file a complaint.

VI. Changes to Privacy Policy

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. You will be provided with a revised notice by mail or in session.