

Notice of CORE Professional Services' Policies and Practices to Protect the Privacy of Patient's Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL, MENTAL HEALTH, 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

CORE Professional Services, P.A. (*hereinafter referred to as CORE*) 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 information in your health record that could identify you.
- “Treatment, Payment, and Health Care Operations”
 - *Treatment* is when someone at CORE provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when a professional employee or contract professional of CORE consults with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when CORE obtains reimbursement for your healthcare. Examples of payment are when CORE discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of CORE. 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 CORE’s practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. CORE’s practice includes this physical office as well as any other physical office(s) of CORE. This may include activities completed within a physical office or at a different location, as long as the activity is completed by an employee or contractor of CORE.
- “Disclosure” applies to activities outside of CORE’s practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

CORE 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 CORE is asked for information for purposes outside of treatment, payment or health care operations, CORE will obtain an authorization from you before releasing this information. CORE will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes which have been made about conversations during a private, group, joint, or family counseling session provided by a licensed professional or by an unlicensed professional under the supervision of a licensed professional, which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. Psychotherapy notes do not include notes which are made by other staff, even when a private, group, joint, or family session, such as an educational or support session (or any type of non-counseling session), is provided.

The authorization form which is used by CORE includes a list of various types of PHI, including psychotherapy notes, which may be in your record. You will be required to designate which type(s) of information you agree to allow CORE to release when an authorization is obtained.

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) CORE has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Any revocation should state which type(s) of PHI the revocation covers, and the date of the authorization. If the revocation does not specify which portions of the PHI it is intended for, the assumption will be that it is intended to revoke all items listed on the original authorization.

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If it is known that, or 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, the information must immediately be reported to the local welfare agency, police or sheriff's department by a mandated reporter. Mandated reporters include, but are not limited to, social workers, psychologists, licensed marriage and family therapists, and counselors.

Adult and Domestic Abuse: If it is known that, or there is reason to believe, a vulnerable adult is being or has been maltreated, or if there is knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained, a report must immediately be made to the appropriate county agency by a mandated reporter. A report of the information may also be made 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) that impairs 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 Minnesota Board of Psychology, Minnesota Board of Social Work, Minnesota Board of Marriage and Family Therapy, or other state or federal health oversight agencies may subpoena records from CORE if the records are relevant to an investigation that is being conducted by one or more of the aforementioned agencies.

Judicial and Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the services that have been provided to you by CORE, and/or the records thereof, such information is privileged under state law and CORE 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. You will be informed of this at or before the time of your appointment 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, CORE must make reasonable efforts to communicate this threat to the potential victim or to a law enforcement agency. This threat also must be communicated to the potential victim or to a law enforcement agency if a member of your family or someone who knows you well has reason to believe you are capable of and will carry out a threat and informs CORE. CORE also may disclose information about you necessary to protect you from a threat to commit suicide.

Worker's Compensation: If you file a worker's compensation claim, a release of information from CORE to your employer, insurer, the Department of Labor and Industry or you will not need your prior approval.

IV. Patient's Rights and CORE Professional Services' Duties

Patient's Rights:

Right to Request Restrictions - You have the right to request restrictions on certain uses and disclosures of protected health information. However, CORE is 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 someone at CORE. On your request, CORE 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 CORE's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Access may be denied to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, the details of the request and denial process will be discussed with you. There may be restrictions on when the records will be available for inspection. For example, it may be required that your access is limited to a time when the psychologist who provides your counseling is available to meet with you to go over the record with you while you inspect it. There may be a fee for copying of records.

Right to Amend - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. This request may be denied. On your request, the details of the amendment process will be discussed with you.

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, the details of the accounting process will be discussed with you.

Right to a Paper Copy - You have the right to obtain a paper copy of this notice from CORE upon request, even if you have agreed to receive this notice electronically.

CORE Professional Services' Duties:

CORE is required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to PHI.

CORE reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, CORE is required to abide by the terms currently in effect.

If CORE revises its policies and procedures, you will be provided a revised notice either by mail, addressed to the last address on record provided by you, or in person.

V. Complaints

If you are concerned that CORE has violated rights as a client, or you disagree with a decision that has been made about access to your records, you may contact Frank Weber, M.S., L.P., Clinical Director of CORE at 218-829-7140.

A staff member may help you develop and process a grievance. a license holder is required to respond to the client's grievance within three days of a staff member's receipt of the grievance, and the client may bring the grievance to the highest level of authority in the program if not resolved by another staff member. Other contact information for grievances or complaints can be made to the below:

Department of Human Services, Licensing Division

651-431-2460

Elmer L. Andersen Human Services Building, 540 Cedar Street, St. Paul, MN 55155

Office of the Ombudsman for Mental Health & Developmental Disabilities

651-757-1800 or 1-800-657-3506

322 Minnesota Street, Suite W1410, First National Bank Building, St. Paul, Minnesota, 55101-2117

Department of Health Facilities Complaints

651-201-4200

Health Regulation Division

HEALTH.FPC-WEB@STATE.MN.US

Minnesota Board of Behavior Health and Therapy

651-201-2756

HTTPS://MN.GOV/BOARDS/BEHAVIORAL-HEALTH/PUBLIC-INFORMATION/COMPLAINTS-DISCIPLIN

E.JSP.

335 Randolph Avenue Suite 290, St. Paul, MN 55102

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14, 2003.