

**MENTAL HEALTH RESOURCES, INC.
PRIVACY NOTICE**

EFFECTIVE APRIL 14, 2003 (Revised 10.6.11)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT MHR CLIENTS MAY BE USED AND DISCLOSED AND CLIENTS RIGHTS TO ACCESS AND AMEND THEIR INFORMATION. PLEASE REVIEW IT CAREFULLY.

An “individual” refers to an individual client or to the parent/legal guardian of a minor client.

As part of providing services, we will collect information about an individual’s health care. We need this information to provide quality services and to comply with certain legal requirements. This notice applies to all of the records of an individual’s care generated by or located at Mental Health Resources, Inc. (MHR). The law requires us to:

- Make sure that information that individual information is kept private;
- Give you this notice of our legal duties and privacy practices with respect to information about you; and
- Follow the terms of the Notice that is currently in effect.

RIGHTS REGARDING INDIVIDUAL INFORMATION

Individuals have the following rights:

To Inspect and Copy MHR Service Records

Usually, this includes medical and billing records, as well as case notes, but excludes psychotherapy notes. To inspect and copy information in an individual’s record, a written request must be submitted to the HIPAA Privacy Officer. We may charge a fee for the costs of copying, mailing or other costs related to the request.

In very limited circumstances, we may deny an individual’s request. An individual may request a denial to be reviewed. Another licensed mental health care professional of MHR’s choice will consider the request for review.

To Amend an Individual’s Records

If the information we have about an individual is incorrect or incomplete, an individual may make a written request to the HIPAA Compliance Officer to amend the information. This request must include a reason that supports the amendment. We may deny an individual request if it is not in writing or does not include a reason to support the amendment. We may also deny an individual request if it is to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information kept in our file;
- Is not part of the information an individual would be permitted to inspect and copy; or
- We believe the information is accurate and complete.

If an individual is in disagreement with the denial, a statement of disagreement may be submitted. If an individual requests an amendment to their record, we will include that request in the record, whether the amendment is accepted or not.

To Receive an Accounting of Disclosures

We will keep a log of disclosures made on or after April 13, 2003, other than disclosures for treatment, billing or health care operations. Individuals have the right to request the list of disclosures. Individuals must submit a written request to the HIPAA Privacy Officer. The request may not cover more than a six-year period.

To Request Restrictions

An individual may request a restriction on the disclosure of information about them for treatment, payment or health care operations. The request must be in writing and made to the HIPAA Privacy Officer. The request must tell us 1) what information to limit; 2) whether to limit our use, our disclosure or both; and 3) to whom the limit is to apply. For example, an individual could ask that we not use or disclose information to a certain person about services they've received.

We do not have to agree to an individual request. If we do agree, we will comply with the request unless the information is needed to provide emergency treatment.

To Request Alternative Ways to Communicate

An individual may request that we communicate with them about their services in a certain way or at a certain location. For example, an individual can ask that we contact them only at work, or only by mail. The request must be in writing, must tell us how to communicate with them, and must be sent to the HIPAA Privacy Officer. We will accommodate all reasonable requests.

To Limit Sharing of Information with Health Plan

If you have paid for your services out of pocket in full at or before the date of service, and at your request, we will not share information about those services with a health plan for purposes of payment or health care operations. "Health plan" means an organization that pays for your medical care.

To Notice of Breach

You have the right to notice of a “Breach” involving any of your “Unsecured PHI” as these terms are defined under the federal law commonly known as the HITECH Act. Not all unauthorized uses or disclosure of your PHI will be considered a breach under the law. This notice will be sent as required under the law. If you authorize us to communicate with you by e-mail we may e-mail you notice of any breach. In most other cases we will send you the required notice in writing and by mail.

To an Electronic Copy of “Electronic Health Record

If we maintain your “Electronic Health Record,” you have the right to ask for an accounting of disclosures of where we disclosed your health information. You may request an accounting for a period of three years prior to the date the accounting is requested. You also have the right to ask our business associates for an accounting of their disclosures. In addition, if you have an “Electronic Health Record” with us, you have a right to request an electronic copy of your Electronic Health Record. Not all healthcare information stored electronically is considered an Electronic Health Record. The term “Electronic Health Record” means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized providers and staff.

To Receive a Paper Copy or Electronic Copy of this Notice

An individual has the right to receive a paper copy or an electronic copy of this notice. They may request either a paper or an electronic notice from the HIPAA Privacy Officer.

ADDITIONAL RIGHTS UNDER STATE LAW

State privacy laws may provide additional privacy protections. Any such protections will be attached in a separate State addendum to this Notice.

How We May Use and Disclose Individual Information

Listed below are reasons or ways in which individual information might be disclosed. In each category we will explain what we mean and give an example. Not every use or disclosure in a category will be listed. The ways we might disclose information include:

For Treatment

We may disclose Individual information to any personnel at MHR or outside of MHR who are involved in an individual’s care. For example, your case manager may need to share information about your medications with your psychiatrist.

For Payment

We may use and disclose information about an individual so that services may be billed and payment may be collected from the individual, an insurance

company, or a government health program. We may also tell an individual's health plan about a service they may receive to obtain prior approval or to determine whether the health plan will cover the treatment.

For Health Care Operations

We may use information about an individual to run our program and to make sure they receive quality services, or to decide if we should change or modify our services.

As Required by Law

We will disclose information about an individual when required by federal, state, or local law. For example, we may reveal information about an individual to the proper authorities to report suspected abuse or neglect.

To Avoid a Serious Threat to Health or Safety

We may use or disclose information about an individual when necessary to prevent a serious threat to their health and safety or the health and safety of the public or another person.

Military and Veterans

If an individual is a member of the armed forces, we may release information about them as required by military command authorities.

Workers' Compensation

We may release information about an individual for workers' compensation or similar programs when required by law to do so. For example, if an individual is involved in a claim for workers' compensation benefits, we may release information requested about their health.

Health Oversight Activities

We may disclose information to a health oversight agency for activities authorized by law. Examples are government audits, investigations, inspections and licensure.

Lawsuits and Disputes

If an individual is involved in a lawsuit or dispute, or if there is a lawsuit or dispute concerning an individual's services or someone who provided services to them, we may disclose information about an individual in response to a court or administrative order. We may also disclose information about an individual in response to a subpoena, discovery request, or other lawful process from someone else involved in the dispute, but only if efforts have been made to tell the individual about the request or to obtain an order protecting the information requested.

Law Enforcement

In certain situations, we may release information about an individual to law enforcement officials. For example, we might release information about an individual to identify or locate a missing person; about a death that may be the result of criminal conduct; or in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person believed to have committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release information to a coroner or medical examiner to identify a deceased person or determine a cause of death. We may release information to funeral directors as necessary to help them carry out their duties.

National Security and Intelligence, Protective Services for the President and Others

We may release information about an individual to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Correctional Programs

If an individual is an inmate or in the custody of a law enforcement officer, we may release information about them to the correctional institution or law enforcement official, for example, to provide healthcare, to protect their health and safety or the health and safety of others.

CHANGES TO THIS NOTICE

We may change this notice in the future. We can make the revised or changed notice effective for information we already have about an individual as well as any information we have in the future.

COMPLAINTS

If an individual believes their privacy rights have been violated, they may file a complaint with the HIPAA Privacy Officer:

**HIPAA Privacy Officer
Mental Health Resources, Inc.
762 Transfer Road, Suite 21
St. Paul, MN 55114**

Complaints may also be made to:

Executive Director, at the address above

Or to:

**Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 515F HHH Bldg.
Washington, D.C. 20201.**

All complaints must be in writing.

We will not retaliate against an individual for filing a complaint.

ACKNOWLEDGEMENT AND CONSENT

I received a copy of the Mental Health Resources, Inc. Privacy Notice. I have had an opportunity to review it, and to ask questions. I understand that Mental Health Resources, Inc. may sometimes disclose information about me without my consent, as required or permitted by law.

I understand that by submitting a written request, that I may receive a copy of my file; request an amendment to my file; request alternative communication methods, request limited distribution of information in my file; or obtain an accounting of disclosures.

In signing this document, I also consent to the use and disclosure of my service information for routine treatment, billing and operations.

Dated _____

Signature _____