



# Notice of Privacy Practices

EFFECTIVE APRIL 14, 2003 (Revised 10.26.11, 8.26.2013, 09.22.2015)

**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.**

In order to provide quality services and to comply with certain legal requirements MHR will collect information about an individual's health care. Mental Health Resources, Inc. ("MHR") and all associates at all locations are required by law to maintain the privacy of patients' Protected Health Information (PHI) and to provide individuals with the following Notice of the legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and these new terms will affect all PHI that we maintain at that time.

**In certain circumstances we may use/disclose your PHI without your written consent:**

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.

**Business Associates:** We may use or disclose your PHI to an outside company that assists us in operating our health system. They perform various services for us. This includes, but is not limited to, auditing, accreditation, legal services, and consulting services. These outside companies are called "business associates" and they contract with us to keep any PHI received from us confidential in the same way we do. These companies may create or receive PHI on our behalf.

**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 your PHI to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and government agencies that ensure compliance with civil rights laws.

**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 we think 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.

**Abuse or Neglect:** We may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your protected health information to a governmental entity authorized to receive such information.

**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.

**Appointments:** We may use and disclose PHI to contact you for appointment reminders and to communicate necessary information about your appointment.

**Contacting you:** We may contact you about treatment alternatives or other health benefits or services that might be of interest to you.

**Required or Permitted by Law:** We may use or disclose your PHI when required or permitted to do so by federal, state, or local law.

**Public Health Activities:** We may use or disclose your PHI for public health activities that are permitted or required by law. For example, we may disclose your PHI in certain circumstances to control or prevent a communicable disease, injury or disability; to report births and deaths; and for public health oversight activities or interventions. We may disclose your PHI to the Food and Drug Administration (FDA) to report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by law or to a state or federal government agency to facilitate their functions. We also may disclose protected health information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

**Research:** MHR may use and share your health information for certain kinds of research. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. In some instances, the law allows us to do some research using your PHI without your approval.

### **Other Uses and Disclosures of PHI**

Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes and disclosures that constitute the sale of PHI require your written authorization.

Other uses and disclosures of your PHI that are not described above may be made with your written authorization. You may give MHR written authorization to use your PHI or to disclose it to anyone for any purpose. If you give MHR an authorization, you may revoke it in writing at any time. If you revoke your permission, MHR will stop using or disclosing your PHI in accordance with that authorization, except to the extent MHR has already relied on it. Without your written authorization, MHR may not use or disclose your PHI for any reason except those described in this notice.

### **Your Rights Regarding Your PHI:**

**The Right to Access to Your Own Health Information:** You have the right to inspect and copy most of your protected health information for as long as we maintain it as required by law. All requests for access must be made in writing. We may charge you a nominal fee for each page copied and postage if applicable. You also have the right to ask for a summary of this information. If you request a summary, we may charge you a nominal fee. Please contact the MHR Medical Records Department with any questions or requests.

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.

**Right to Request Restrictions:** You have the right to request certain restrictions of our use or disclosure of your PHI. We are not required to agree to your request in most cases. But if MHR agrees to the restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

MHR must agree to your request to restrict disclosure of PHI to a health plan if (A) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (B) the PHI pertains solely to a health care item or service for which you, or a person other than the health plan on your behalf, has paid MHR in full. For example, if a patient pays for a service completely out of pocket and asks MHR not to tell his/her insurance company about it, we will abide by this request. A request for restriction should be made in writing. To request a restriction you must contact the Medical Records Department. We reserve the right to terminate any previously agreed-to restrictions (other than a restriction we are required to agree to by law). We will inform you of the termination of the agreed-to restriction and such termination will only be effective with respect to PHI created after we inform you of the termination.

**Right 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.

**Right to be Notified of a Breach:** You have the right to be notified in the event that we (or one of our Business Associates) discovers a breach of unsecured protected health information involving your medical information.

**Right to Inspect and Copy:** 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.

**Right to Amend:** 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.

**Right to an Electronic Copy of "Electronic Health Record:** 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.

**Right to an Accounting:** 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.

**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. If we make a material change to this Notice, we will provide a revised Notice available at <http://www.mhresources.org/>.

**Complaints:** You may submit any complaints with respect to violations of your privacy rights to the MHR Privacy Officer or the Executive Director. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services if you feel that your rights have been violated. There will be no retaliation from MHR for making a complaint.

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

**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.

**Contact Information** Unless otherwise specified, to exercise any of the rights described in this Notice, for more information, or to file a complaint, please contact MHR's Privacy Officer.

## **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 \_\_\_\_\_

