



Notice of Privacy Practices

PLEASE REVIEW THIS NOTICE CAREFULLY

At The Jonas Center, your health record contains personal information about you and your health/mental health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable laws and rules. It also describes your rights regarding how you may gain access to and control your PHI.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

We may use or disclose your 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 we provide, coordinate or manage your health care and other services related to your health care. Documentation of your treatment is contained in your clinical file. An example of treatment would be when we consult with another health care provider, such as your family physician or another mental health professional.

Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we 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 that relate to the performance and operation of our practice. 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 our clinic, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“Disclosure” applies to activities outside of our clinic, such as releasing, transferring, or providing access to information about you to other parties.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

We 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 we are asked for information for purposes outside of treatment, payment or health care operations, we will obtain an authorization from you before releasing this information.

Fund Raising: If we ever sent you fundraising communications, you have the right to opt out of such fundraising communications.

Research: If we ever participated in a research project, PHI may only be disclosed with your authorization.

Deceased Clients: We may only disclose PHI of deceased clients as mandated by law or based on your prior written consent or authorization.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have 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.

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 we know or have 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, we must immediately report the information to the local welfare agency, police or sheriff's department.

Adult and Domestic Abuse: If we have reason to believe that a vulnerable adult is being or has been maltreated, or if we have knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained, we must immediately report the information to the appropriate agency in this county, including law enforcement.

"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 that: i) 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 and Oversight Activities: The Minnesota Board of Social Work, the Minnesota Board of Psychology, the Minnesota Board of Behavioral Health, the Minnesota Board of Marriage and Family Therapy or the Secretary of the U. S. Department of Health and Human Services may obtain records from us if they are relevant to an investigation being conducted.

Judicial and Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that we have provided you and/or the records thereof, such information is privileged under state law and we 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. We 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, we must make reasonable efforts to communicate this threat to the potential victim or to a law enforcement agency. We 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. We also may disclose information about you necessary to protect you from a threat to commit suicide.

Medical Emergencies: We may use or disclose your PHI in a medical emergency situation to medical personnel in order to prevent serious harm to you.

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

PATIENT'S RIGHTS AND THERAPIST'S DUTIES

PATIENT'S RIGHTS:

Right to Request Restrictions—you have the right to request a restriction or limitation on the use or disclosure of your PHI. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

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



Individual, Couple & Family Psychotherapy

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locations. (For example, you may not want a family member to know that you are seeing me. On your request, we will send your bills to another address.)

Right to Inspect and Copy—You have the right to inspect or obtain a paper/electronic copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, however in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process. We have the right to charge you for the expenses related to copying charges if you are not a current client.

Right to Amend—you have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we 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 with a few exceptions. On your request, we will discuss with you the details of the accounting process.

Breach Notification: If there is a breach of PHI concerning you, we may be required to notify you of this breach, including what happened.

THERAPIST'S DUTIES:

We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect. If we revise our policies and procedures, we will provide written Notice to you at our next session or by mail.

COMPLAINTS

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you are encouraged to contact **James Jonas, Privacy Officer for The Jonas Center, at 320-864-6139**. If it is not satisfactorily resolved, you may contact the following licensing boards: Minnesota Board of Social Work 2829 University Avenue SE #340 Minneapolis MN 55414 (Phone: 612-617-2100) (www.socialwork.state.mn.us), the Minnesota Board of Marriage and Family Therapy 2829 University Avenue SE #330 Minneapolis MN 55414 (Phone: 612-617-2220) (www.bmft.state.mn.us), the Minnesota Board of Psychology 2829 University Avenue SE #320 Minneapolis MN 55414 (Phone: 612-617-2230) (www.psychologyboard.state.mn.us), or the Minnesota Board of Behavioral Health and Therapy 2829 University Avenue SE #210 Minneapolis MN 55414 (Phone: 612-617-2178) (www.bbht.state.mn.us). You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services (Phone: 202-619-0257). The agencies listed above can provide you with the appropriate address upon request. *We will not retaliate against you for filing a complaint.*

The effective date of this Notice is September 23, 2013