



Center for Collaborative Health
7300 Metro Boulevard Suite 400, Edina, MN 55439

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

The Center for Collaborative Health (CCH) is committed to treating you and using protected health information about you responsibly. This Notice of Health Information Privacy Practices describes the health information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information and how you can obtain access to that information.

In 1996, a law was passed entitled the Health Insurance Portability and Accountability Act (HIPAA). This law sets out new standards for the confidentiality and security of health data. Health data includes your medical records as well as your billing records. This notice may seem overwhelming, please review it carefully and let us know if you have any questions.

I. Understanding Your Health Record/Information

Each time you visit CCH a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your “protected health information” or “PHI”, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- For teaching and training other health care professionals; medical or psychological research
- A source of information for public health officials charged with improving the health care in this area of the country
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the services rendered and the outcomes achieved

Understanding what is in your record and how your protected health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others. Although your health record is the physical property of CCH, the information belongs to you and the law gives you rights to know about your PHI (see section on Your Health Information Rights).

II. Responsibilities of Our Practice

The Center for Collaborative Health is legally required to:

- Maintain the privacy of your health information
- Provide you with this explaining legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information to you by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will give you in person, or mail a revised notice to the address you’ve supplied us. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Except in some special circumstances, when we use your health information in this office or disclose it to others, we share only the minimum necessary PHI needed for those other people to do their jobs. Mainly, we will use and disclose your PHI for routine purposes to provide for your care, and we will explain more about these below. For other uses, we must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that do not need your consent or authorization.

III. Uses and Disclosures of Health Information with Your Consent

After you have read this notice, you will be asked to sign a separate consent form to allow us to use and share your PHI. In almost all cases we intend to use your health information here or share it with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called "health care operations." In other words, we need information about you and your condition to provide care to you. You must agree to let us collect the information, use it, and share it to care for you properly. Therefore, you must sign the consent form before we begin to treat you. If you do not agree and consent, we cannot treat you. The following section describes the circumstances when we can disclose your health information both internally (within CCH) and to other agencies. In every instance, we make all uses and disclosures according to our privacy policies and the law.

- **For Treatment/Evaluation:** We may use health information about you to provide you with psychotherapy or evaluation services. We may disclose PHI about you to your primary care physician if it is required by your insurance or managed care company. Also, we may disclose health information about you to a referring psychiatrist if you may require a psychotropic evaluation or medication. From time to time, it is helpful for us to consult with other professionals regarding your care. In such events, our consultants are also legally bound by the privacy practice policies.
- **Telehealth Services:** CCH provides telehealth services. Telehealth involves the use of electronic communications to enable CCH mental health professionals to connect with clients using interactive video and audio communications. Telehealth psychotherapy includes the practice of psychological health care delivery, evaluation, diagnosis, consultation, treatment planning, therapy, and the transfer of medical and clinical data. CCH complies with HIPPA standards and the Security Rule when transmitting protected health information electronically (e-PHI):
 - The technology platform (8x8 Inc.) utilized is consistent with HIPPA-compliant practices.
 - CCH has a signed Business Associate Agreement (BAA) with 8x8 Inc.
 - We utilize fully encrypted data transmission and do not store the videos.
 - Physical (i.e., secure office space, confidentiality, etc.) and technical safeguard (i.e. anti-malware software, security updates, etc.) protocols are in place.
- **For Payment:** We may use and disclose your PHI for payment purposes. We may need to give your health insurance plan information about treatment you received at our practice so that your health plan will pay us or repay you for any services that you paid for. We may also tell your health plan about a treatment you are going to receive to get approval or to determine if your plan will pay for the treatment.
- **Health Care Operations:** We may use and disclose your PHI for non-treatment and non-payment activities that let us run our business or provide services. These include, for example, quality assessment and conducting training programs.
- **Other uses and disclosures in health care:**
 - **Medical Emergency:** We may use or give your health information to help you in a medical emergency.
 - **Appointment Reminders:** We may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or at work, or you prefer some other way to reach you, we can usually arrange that if you inform us.
 - **Treatment Alternatives and Other Benefits or Services:** We may use and disclose your PHI to tell you about or recommend possible treatments, alternatives, health-related benefits, or services that may be helpful to you.
 - **Research:** We may use or share your PHI to do research to improve treatments.
 - **Business Associates:** CCH may hire other businesses to do some jobs for us. In the law, they are called our "business associates." Examples may include a billing service or a copy service. These business associates may need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with us to safeguard your information.

IV. Uses and Disclosures Requiring Authorization

Except for the situations listed above, we must have your written permission to disclose any of your health information on an authorization form. We do not expect to do this very often. You may revoke all such authorizations of PHI at any time, provided each revocation is in

writing. Your permission will end when we receive the signed form, or when we have acted on your request. We cannot take back any information we have already disclosed or used with your permission.

V. 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 have reasonable cause to believe a child known to us in a professional capacity may be an abused or a neglected child, we must report this belief to the appropriate authorities.
- Vulnerable Adult Abuse: If we have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.
- Health Oversight Activities: We may disclose PHI regarding you to a health oversight agency for oversight activities authorized by law, including licensure and disciplinary actions.
- Law Enforcement: We may give certain health information to law enforcement officials to investigate a crime or criminal.
- Judicial and Administrative Proceedings: If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis, and treatment, and the records thereof, such information is privileged under state law and cannot be released without your authorization or a court order. Information about all other psychological services is also privileged and cannot be released without your authorization or a court order. The privilege does not apply when you are being evaluated by a third party or when the evaluation is court ordered. You must be informed in advance if this is the case.
- Serious Threat to Health or Safety: If you communicate to your practitioner a specific threat of imminent harm against another individual or if we believe that there is a clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures believed to be necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures considered necessary to protect you from harm.
- Worker's Compensation: We may disclose PHI regarding you as authorized by and to the extent necessary to comply with the laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work related injuries or illness without regard to fault.
- Public Health Activities: We may disclose some of your PHI to agencies that investigate diseases or injuries.
- Relating to Decedents: We may disclose your PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.
- Specific Government Functions: We may disclose the PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, we may disclose PHI to disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

VI. Use and Disclosures Where You Have the Opportunity to Object

CCH can share some information about you with your family or close others. CCH will only share information with those involved in your care and anyone else you choose such as close friends or clergy. We will ask you which persons you want us to tell, and what information you want us to tell them, about your condition or treatment. You can tell us what you want, and we will honor your wishes if it is not against the law.

If it is an emergency and we cannot ask if you disagree, we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we will tell you as soon as we can. If you don't approve, we will stop, if it is not against the law.

VII. Your Health Information Rights

- Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request. For example, you have the right to restrict certain disclosures of PHI to a health plan if you pay out-of-pocket in full for the full healthcare service.
- 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 us. Upon your request, we 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 in your provider's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Upon your request, we will discuss with you the details of the request for access process. A reasonable fee for the costs of copying, mailing or other supplies associated with your request may be charged.

- ***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. Upon 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. Upon your request, we will discuss with you the details of the accounting process. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked your provider to make). A request for accounting of disclosures must be in writing. The first accounting within a 12-month period will be free; for additional accountings, we may charge for its costs after notifying you of the cost involved and giving you the opportunity to withdraw or modify your request before any costs are incurred.
- ***Right to a Paper Copy:*** You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

VIII. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, please feel free to discuss your concerns with us at any time. If you believe that your privacy rights have been violated and wish to file a complaint with us, please file it in writing. When filing a complaint, include your name, address and telephone number, and we will respond. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

IX. Effective Date, Restrictions, and Changes to Privacy Policy

This notice is effective November 1, 2015. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice in writing.