



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition. We are also required by law to provide you with the Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice. We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will: 1) Post the new Notice in our waiting area 2) Have copies of the new Notice available upon request. The rest of this Notice will: 1) Discuss how we may use and disclose medical information about you 2) Explain your rights with respect to medical information about you 3) Describe how and where you may file a privacy-related complaint. **WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES.** This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you. **Treatment** We may use and disclose medical information about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. We use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy, psychological, educa-

tional, or vocational testing, treatment planning, or measuring the benefits of our services. **We may share or disclose your information to others who provide treatment to you.** We are likely to share your information with your personal physician. If you are being treated by a team they can share some of your information with them so that the services you receive will work together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record and so we all can decide what treatments work best for you and make up a Treatment Plan. We may refer you to other professionals or consultants for services we cannot provide. When we do this we need to tell them some things about you and your conditions. We will get back their findings and opinions and those will go into your records at Choices. If you receive treatment in the future from other professionals we can also share your information with them. **Payment** We may use and disclose medical information about you to obtain payment for health care services that you received. This means that we may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan before you receive certain health care services. For example, we may want to know whether the insurance plan will pay for a particular service. We may have to tell them about your diagnoses, what treatments you have received, and the changes we expect in your conditions. We will need to tell them about when we met, your progress, and other similar things. **Healthcare Operations** There are a few other ways we may use or disclose your information for what are called health care operations. For example, we may use your information to see where we can make improvements in the care and services we provide. Members of our staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. We may also be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If we do, your name and personal information will be removed from what we send. **Persons In-**

Involved in Your Care We may disclose medical information about you to a relative, or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to the parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, contact our Privacy Officer at 952-544-6806. **Other uses in healthcare. Appointment Reminders.** We may use and disclose medical information 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 your work or prefer some other way to reach you, we usually can arrange that. **Treatment Alternatives.** We may use and disclose your information to tell you about or recommend possible treatments or alternatives that may be of help to you. **Other Benefits and Services.** We use and disclose your information to tell you about health-related benefits or services that may be of interest to you. **Research.** We may use or share your information to do research to improve treatments. In all cases your name, address and other personal information will be removed from the information given to researchers. If they need to know who you are we will discuss the research project with you and you will have to sign a special Authorization form before any information is shared. **Business Associates.** There are some jobs we may hire other businesses to do for us. In the law, they are called our Business Associates. Examples include a copy service we may use to make copies of your health records and a billing service that figures out, prints and mail our bills. These business associates need to receive some of your information to do their jobs properly. To protect your privacy they would have to agree in their contract with us to safeguard your information. **Uses and disclosures that require your Authorization.** If we want to use your information for any purpose besides those we described above we need your permission on an Authorization form. We don't expect to need this very often. If you do authorize us to use or disclose your information, you can revoke that permission, in writing, at any time. After that time we will not use or disclose your information for the purposes that we agreed to. Of course, we cannot take back any information we had already disclosed with your permission or that we had used in our office. **Uses and disclosures of information from mental health**

records that don't require a Consent or Authorization. The law lets us use and disclose some of your information without your consent or authorization in some cases. **When required by law.** There are some federal, state, or local laws which require us to disclose your information. We have to report suspected child abuse. If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process we may have to release some of your information. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested. We have to disclose some information to the government agencies which check on us to see that we are obeying the privacy laws. **For Law Enforcement Purposes.** We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal. **For public health activities.** We might disclose some of your information to agencies which investigate diseases or injuries. **Relating to decedents.** We might disclose information to coroners, medical examiners or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants. **For specific government functions.** We may disclose information of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your information to Workers Compensation and Disability programs, to correctional facilities if you are an inmate, and for national security reasons. **To Prevent a Serious Threat to Health or Safety.** If we come to believe that there is a serious threat to your health or safety or that of another person or the public we can disclose some of your information. We will only do this to persons who can prevent the danger. **Uses and disclosures where you to have an opportunity to object.** We can share some information about you with your family or close others. We 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 about who you want us to tell what information about your condition or treatment. You can tell us what you want and we will honor your wishes as long as it is not against the law. If it is an emergency – so 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, as long as it is not against the

law. **You have several rights with respect to medical information about you.** This section of the Notice will briefly mention each of these rights. **Right to a copy of this Notice** You have a right to have a paper copy of our NPP at any time. **Right of Access to Inspect and Copy** You have the right to inspect and receive a copy of medical information about you that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an **Access Request Form**. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person. If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy. **Right to Have Medical Information Amended** You have the right to have us amend medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out an **Amendment Request Form**. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future. **Right to an Accounting of Disclosures.** You have the right to receive an accounting (detailed listing) of disclosures that we have made for the previous six years. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an **Accounting Request Form**, or contact our Privacy Officer. The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. If we maintain your

medical records in an EHR system, you may request that include disclosures for treatment, payment or health care operations. The accounting will also not include disclosures made prior to April 14, 2003. If you request an accounting more than once every 12 months, we may charge you a fee to cover the costs of preparing the accounting. **Right to Request Restrictions on Uses and Disclosures** You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations. Under Federal Law, we must agree to your request and comply with your requested restriction (s) if: 1) Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of health care operations (and is not for purposes of carrying out treatment); and, 2) The medical information pertains solely to a health care item or service for which the health care provided involved has been paid out-of-pocket in full. Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation. **Right to Request an Alternative Method of Contact** You have the right to request to be contacted at a different location or by a different method. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an **Alternative Contact Request Form**. **If you have questions or problems.** If you need more information or have questions about the privacy practices described above please speak to the Privacy Officer whose name and telephone number are listed below. If you have a problem with how your information has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with us and the Secretary of the Federal Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain. If you have any questions regarding this Notice or our health information privacy policies, please contact our Privacy Officer by phone at (952) 544-6806. The effective date of this notice is January 1, 2011.