

Notice of Privacy Practices

Chaska Counseling and Guidance, LLC

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

My Pledge Regarding Your Protected Health Information:

I understand that health information about you and your health is personal. I am committed to protecting the privacy of your information.

This Notice of Privacy Practices describes how I may use and disclose your protected health information (PHI) to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your right and my duties regarding the use and disclosure of your PHI. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future health care services.

Use and Disclosure of your Protected Health Information Without Your Authorization:

The following categories describe different ways that I can use and disclose your protected health information without your authorization.

For Treatment: I may use health information about you to provide you with emergent medical and/or chemical dependency care. In such circumstances, I may disclose your PHI to doctors, nurses and other healthcare personnel who are involved in providing and coordinating your care.

Appointment Reminders and/or Follow Up Calls: For example, I may use your PHI to contact you as reminder that you have an appointment.

For Payment: I may use your PHI to bill and obtain payment for your treatment. For example, I may need to give your health insurance plan information before it approves services, such as making a determination of your coverage of benefits, reviewing services to be provided to determine medical necessity, and undertaking utilization review activities.

Exceptions: For uses and disclosures beyond emergent treatment, payment and operation purposes, I am required to have your written authorization, unless the disclosure falls within one of the exceptions described below.

As Required by Law: I may disclose PHI when required to do so by Federal, State, or local law. For example, reports regarding suspected abuse, neglect, domestic violence, or relating to suspected criminal activity or in response to a Court order.

Health Oversight Activities: I may disclose PHI to agencies responsible for monitoring health system and public health risks as required by law. Examples of these include: audits, investigations and inspections.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, I may disclose information about you in response to a Court or administrative tribunal. I will make reasonable efforts to inform you about the request or to obtain an order protecting the information requested.

To Avert Threat to Health or Safety: I may use or disclose your PHI to prevent a serious threat to your health and safety, or the public's or another person's. Any disclosure would be to law enforcement or others who can reasonably prevent or lessen the threat of harm.

Workers Compensation: I may use or disclose your PHI for workers' compensation or similar programs. State and Federal laws control the disclosure of such information.

Use and Disclosure of your Protected Health Information with your Authorization: Other uses and disclosures of information about your health information that are not described in this notice or are not otherwise permitted by law will be made only with your written authorization. You may revoke such authorization as described in this notice.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

You have the following rights regarding your protected health information, which you may exercise by submitting your request in writing.

Right to Revoke Authorization: You may revoke your authorization that allows me to use or disclose your health information that is not otherwise covered by this notice or applicable law at any time, except to the extent that I have already undertaken an action in reliance upon your authorization.

Right to Inspect and Receive Copies of Your PHI: You have the right to inspect and receive copies of information pertaining to your care. I will respond to your request within 30 days. If I need to deny your request, I will provide you with written reasons for the denial.

If you request a copy of the information, there will be a charge associated with the request.

Right to Amend Your PHI: If you feel that any of your PHI is incorrect or incomplete, you may ask me to amend the information. I will respond to your request within 30 days. If your request is denied, I will state the reason(s) for the denial and your options.

Right to Request Confidential Communication: You have the right to request that I communicate with you at an alternative address or by alternative means. For example, you may ask that I only contact you at home or by US mail.

I will not ask you the reason for the request. I will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Copy of This Notice: You have the right to a copy of this notice at any time.

OUR DUTIES REGARDING YOUR PROTECTED HEALTH INFORMATION:**I am required by law to:**

- Assure that health information that identifies you is kept private.
- Provide you with this notice of my duties and privacy practices with respect to your protected health information.
- Follow the terms of the notice that is currently in effect.

Changes to This Notice: I reserve the right to change this notice. I reserve the right to make the revised or changed notice effective for health information I already have for you about you as well as any information I receive in the future. The most current version of my Privacy Practices will be posted on my website www.chaskacounselinglisaknudson.com and includes the effective date.

Additional information and Complaints: If you have questions or would like additional information please contact me directly. If you believe your privacy rights have been violated, you may file a complaint with the Minnesota Board of Social Work or the Secretary of the Department of Health and Human Services.

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