



## Privacy Practices Policy and Procedures

This document describes how your Private Health Information (PHI) may be used and disclosed, and how you can get access to this information. Federal and state privacy and medical records laws protect your rights as a client of Advanced Counseling, LLC. Please review it carefully.

**Federal law (42 CFR part 2 and HIPAA)** is very specific about the privacy and confidentiality of health information for any person who is in treatment for alcohol and/or drug abuse prevention or treatment. This protection continues even after a person has completed treatment.

The Health Insurance Portability and Accountability Act (HIPAA) protects the PHI of every person and covers all information that:

1. is disclosed, stored, created, used or received;
2. relates to past, present, or future physical/mental health;
3. describes a disease, diagnosis, procedure, condition, payment, etc.;
4. exists in any form – print, digital, emails, faxes, verbal, etc. and
5. includes a minimum of one personal identifier – name, date of birth, phone number, etc.

### **Protection of PHI**

We will not use or disclose your PHI, except as described in this document or specified by law. We will use reasonable efforts to request, use, and disclose the minimum amount of PHI necessary. Whenever possible we will de-identify or encrypt your personal information so that you cannot be personally identified. We have put physical, electronic and procedural safeguards in place to protect your PHI and comply with federal and state laws.

Advanced Counseling understands:

- Federal law recognizes each client as the owner of their PHI with a legal right to inspect and/or to receive a copy of their information or any information released about them. This equates to complete control over who views or receives their PHI.
- Federal law prohibits disclosure and/or release of PHI, unless otherwise provided for in federal regulations, to anyone without the client's written consent.
- All staff members are knowledgeable about federal and state privacy laws and take precautions to safeguard each client's PHI.
- Staff members are advocates for the client and internal/external communication about PHI is on a limited and need to know basis.
- A condition of treatment at Advanced Counseling is the client's agreement and cooperation in sharing their PHI with us and signing releases necessary for the coordination of treatment.

### **Your Rights**

You have the following rights with respect to your PHI:

- **Obtain a copy of this document.** You will receive one at intake and you may also obtain a copy at any time thereafter.
- **Request restrictions.** You may ask us not to use or disclose any part of your PHI. Your request must be in writing and include what restriction(s) you want and to whom you want the restriction(s) to apply. This includes the right to restrict disclosures of PHI to Health Insurance companies when the services provided are paid for in full out of pocket. Any request to restrict specific disclosures to individuals or entities must be made in writing. We will review and grant reasonable requests, with respect to and within the limits of state and federal law. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. Submit your request for restrictions to a staff member of Advanced Counseling.
- **Inspect and copy.** You have the right to inspect and get a copy of your PHI. You must put your request in writing. You can ask to see or copy an electronic or paper copy of your client record and other information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information within a reasonable amount of time. If you ask to see or receive a copy of your record for purposes of reviewing current treatment care, we may not charge you a fee. If you request copies of your client records of past treatment care, or for certain appeals, we may charge you specified fees. We do have the right to deny your request to inspect and copy. If you are denied access, you may ask us to review the denial.
- **Request amendment.** If you feel that your PHI is incomplete or incorrect, you may ask us to amend it. Your request must be in writing, and you must include a reason that supports your request. In certain cases, we may deny your request, but we will



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tell you why in writing within 60 days. If we deny your request for amendment, you have the right to submit a statement of disagreement with our decision to be placed on file with your records.

- **Receive a list (an accounting) of disclosures.** You have the right to receive a list of the disclosures (and accounting) that we have made on your PHI. The list will not include disclosures that we are not required to track, such as disclosures for the purposes of treatment, payment, or health care operations; disclosures which you have authorized us to make; disclosures made directly to you or to friends or family members involved in your care; or disclosures for notification purposes. Your right to receive a list of disclosures may also be subject to other exceptions, restrictions, and limitations. Your request for an accounting must be made in writing and state the time period for which you would like us to list the disclosures. We will not include disclosures made more than six years prior to the date of your request.
- **Request confidential communication.** You may ask us to communicate with you using alternative means or alternative locations. For example, you may ask us to contact you about medical records only in writing or at a different address than the one in your file. Your request must be made in writing and state how and when you would like to be contacted. You do not have to tell us why you are making the request, but we may require you to make special arrangements for payment or other communications. We will review and grant reasonable requests, with respect to and within the limits of state and federal law.
- **Special rules for psychotherapy notes.** Only psychotherapy notes collected by a psychotherapist during an individual counseling session are considered PHI. Advanced Counseling keeps those notes separate from a client's treatment record. HIPAA requires that they be treated with a higher standard of protection than other PHI. Advanced Counseling has a policy that these psychotherapy notes are never shared with a client or anyone else and are kept completely confidential.
- **Notification.** You have a right to be notified if your PHI is impermissibly released or disclosed due to a breach including theft, loss, or other form of disclosure. We will attempt to contact all affected individuals at their last known address or contact number, in the event of a breach.
- **Sale and marketing of PHI.** Advanced Counseling may not sell your PHI without your written authorization for any reason. We do not currently sell PHI of any of our clients for any reason. If this should ever change, we will notify you and you will be given an opportunity to opt out. We will never share your information unless you give us written permission.

### How does Advanced Counseling protect health information

Advanced Counseling works hard to protect your health information. We use computer systems to store your health information. We have protections in place to keep your information from being seen by any unauthorized viewer. While our computer systems are protected from unauthorized users, e-mails sent through the internet are not. Although proper precautions are taken to protect your privacy and confidentiality, communication via e-mail has limited protection. Engaging in 2-way communication via email acknowledges your understating of Internet risks as they relate to confidentiality.

### Electronic Health Records (EHR)

Advanced Counseling uses electronic health records to document, maintain, and secure your health information. Advanced Counseling uses Procentive Inc. which provides HIPAA compliant storage of data through its secure, encrypted EHR software system. All staff members at Advanced Counseling are trained to ensure your information is private and to stay compliant with EHR requirements.

*For Procentive Inc. detailed privacy information please reference: <https://procentive.com/privacy-notice/>*

Agreeing to Advanced Counseling's Privacy Practices acknowledges that you understand the risks associated with web-based record systems. Your signature consents Advanced Counseling to use Procentive for your EHR and you permit the use of electronic signatures.

### When we may use and disclose PHI

The following are common reasons for our use and disclosure of PHI:

Coordination of Treatment	Payment
Treatment care operations	Audits by the state or insurance

Less common reason for our use and disclosure of PHI are:

Legal proceedings	Serious health/safety threat
Military/national security activity	Reminders/benefits information
Worker's compensation	Food and Drug Administration
Public health authority	Abuse, neglect, domestic violence
Government agencies for compliance purposes	Correctional facility
Law enforcement	Medical examiner or coroner



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### **Your permission**

We are required to get your written permission (authorization) before using or disclosing your PHI for purposes other than those provided above, or as otherwise permitted or required by law. If you do not want to authorize a specific request for disclosure, you may refuse to do so without fear of reprisal.

You have the right to withdraw your written authorization. If you choose to withdraw an authorization, you will need to do so in writing, at any time, by signing a revocation release. As soon as you sign, we will stop using or disclosing the PHI specified in your original authorization, except to the extent that we have already used it based on your written permission. Any staff member has access to revocation forms to give you.

### **Complaints**

If you believe your privacy rights have been violated, you can file a written complaint with Advanced Counseling and give it to any staff member. Or you can file a complaint with:

The Office of Ombudsman for Mental Health and Developmental Disabilities  
121 7<sup>th</sup> Pl. E. Suite 420  
St Paul, MN 55101  
Phone: 1.800.657.3506  
Email: [ombudsman.mhdd@state.mn.us](mailto:ombudsman.mhdd@state.mn.us)

Medical Privacy Complaint Division - Office for Civil Rights  
U.S. Dept of Health & Human Services  
200 Independence Ave, SW  
Room 509F, HHH Building  
Washington, DC 20201  
Phone: 1.877.696.6775  
Website: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

### **Data Privacy**

We ask for information from you to determine what service or help you need, develop a service plan with you, and give you the services you want. This information may also be used to determine your charges for services or for collection of payment from insurance companies or other payment sources. Without certain information, we may not be able to tell who should pay for your services.

There is no law that states you must give us any information. However, if you choose to not give us certain information, it can limit our ability to provide the treatment you need. If you are here because of a court order, and you refuse to provide information, that refusal may be communicated to the court.