



## **Policies and Practices to Protect the Privacy of Patient Health Information**

THIS NOTICE DESCRIBES HOW MENTAL HEALTH AND MEDICAL INFORMATION ABOUT CLIENTS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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At Laura Tripet Dodge LLC (LTD), we are committed to treating and using protected health information about you responsibly. This notice of Health Information Policies and Practices describes the personal information collected and how and when that information is used or disclosed. It also describes your rights as they relate to your protected health information. This Notice is effective October 1, 2007 and applies to all protected health information as defined by federal regulation.

Any updates to this document will be posted on my website and you may download and print a copy for your personal use. Please discuss any questions you may have with your therapist.

### I. Uses and Disclosures for Treatment, Payment, and Health Care Operations.

Laura Tripet Dodge LLC (LTD) may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes. LTD includes your therapist and those with whom she has a formal business contract.

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 LTD provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your family physician or another psychotherapist.
  - *Payment* is when LTD obtains reimbursement for your health care. Examples of payment are when your therapist discloses 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 my 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 LTD, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside LTD, such as releasing, transferring, or providing access to information about you to other parties.

### II. Uses and Disclosures Requiring Authorization

LTD 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 LTD is asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. LTD will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes your therapist made about your conversation during a private, group, joint, or family counseling session, which your therapist might have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) LTD has taken action in reliance 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.

LTD may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse/ Neglect (as defined by law):** If your therapist knows or has 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, LTD must immediately report the information to the local welfare agency, police or sheriff's department.
- **Adult and Domestic Abuse:** If your therapist has reason to believe that a vulnerable adult is being or has been maltreated, or if she has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained, LTD must immediately report the information to the appropriate agency in this county. LTD may also report the information to a law enforcement agency.  
  
"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:
  - (i) that 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 Oversight Activities:** The professional licensing boards may subpoena records from your therapist if they are relevant to an investigation it is conducting.
- **Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that your therapist has provided you and/or the records thereof, such information is privileged under state law and LTD 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. Your therapist 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, LTD must make reasonable efforts to communicate this threat to the potential victim or to a law enforcement agency. LTD 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. LTD also may disclose information about you necessary to protect you from a threat to commit suicide.
- **Workers Compensation:** If you file a worker's compensation claim, a release of information from your therapist to you, your employer, insurer, or the Department of Labor and Industry will not need your prior approval.
- **Minors:** If you are a minor, your parents have a legal right to knowledge about your care. Please see LTD Treatment Consent form for more detailed clarification of our policies about treatment of minors.
- **In the Event of Death:** If you should die, your spouse or parents have the right of access to your record. You have the right to restrict this. Talk with your therapist about how to do this.

#### **IV. Patient's Rights and Psychotherapist's Duties**

##### Patient's Rights

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, LTD is not required to agree to a restriction you request.
- *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 a therapist. On your request, LTD 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 (and psychotherapy notes) in LTD mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. LTD may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, your therapist will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your therapist may deny your request. On your request, your therapist will discuss with you the details of the amendment process.
- *Right to an Accounting* – You have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, your therapist will discuss with you the details of the accounting process.

- *Right to a Paper Copy* – You have the right to obtain a paper copy of this notice from LTD upon request.

#### Psychologist's Duties

- LTD is 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.
- LTD will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- LTD reserves the right to change the privacy policies and practice described in this notice. Unless LTD notifies you of such changes, however, we are required to abide by the terms currently in effect. We will post any substantive changes in the waiting room area, so please watch for these when you come for your appointment.

#### **V. Complaints**

If you are concerned that your privacy rights have been violated by your therapist/ LTD, or you disagree with a decision your therapist/LTD has made about access to your records, first discuss your concerns with your therapist. If this is not resolved to your satisfaction, you may make a written request for further information to Laura Tripet Dodge LLC, 3109 West 50<sup>th</sup> Street Suite 103, Minneapolis MN 55410

You may also send a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Ave. SW, Washington, D.C. 20201, or call 1-877-696-6775, or visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). LTD will not retaliate against you for filing a complaint.

#### **VI. Changes to Privacy Policy, Restrictions, and Signature Acknowledging Receipt of Notice**

Any limits on the uses or disclosures will be documented in your record.

LTD will obtain your signature acknowledging receipt of this notice, and this will be documented in your record.

Changes were last made to the notice of Privacy Policies and Practices on: October 2021