



## NOTICE OF PRIVACY PRACTICES

This Notice describes how your information may be used and disclosed, as well as how you can get access to this information. Please review it carefully.

### **Our Duty to Safeguard Your Protected Health Information**

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered “Protected Health Information” (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

We are required to follow privacy policies described in this Notice though we reserve the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the new Notice from our main office or your provider.

### **How We May Use and Disclose Your Protected Health Information**

We use and disclose Personal Health Information for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment and for our health care operations. For uses beyond that, we must have your written authorization.

### **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations**

Generally, we may use or disclose your PHI as follows:

**For treatment:** We may disclose your PHI to doctors, and other health care personnel who are involved in providing your health care. For example, your PHI may be shared among clinical staff in consultation meetings. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, such as lab work.

**To obtain payment:** We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to the Medicaid program, state or county referral agencies, and/or a private insurer to get paid for services we delivered to you.

**For health care operations:** We may use/disclose your PHI in the course of operating our facility. For example, we may use your PHI in evaluating the quality of services provided, disclose your PHI to our accountant or attorney for audit purposes, or to our computer programmer for similar purposes.

### **Uses and Disclosures of PHI Requiring Authorization**

For uses and disclosures beyond treatment, payment and operation purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop further uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

### **Uses and Disclosures of PHI Not Requiring Consent or Authorization**

The law provides that we may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

**For public health activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

**For health oversight activities:** We may disclose PHI to a health oversight agency for activities authorized by law. Examples of oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Relating to decedents:** We may disclose PHI related to a death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

**For research purposes:** By performing research, we learn new or better ways to diagnose and treat illnesses. Relate will not use or disclose your health information to external researchers unless you authorize the disclosure in writing.

**To avert serious threat to health or safety:** In order to avoid serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**For specific government functions:** We may disclose PHI to authorized federal officials so they may provide protection to the President, or authorized persons or foreign heads of state or conduct special investigations.

**Workers' Compensation:** If you are being treated for a work-related injury or condition, we may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.



**Military and Veterans:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

**Law Enforcement:** We may release PHI if asked to do so by a law enforcement official:

In response to a court order; About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; About a death we believe may be the result of criminal conduct; In other situations as required by law.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### **Uses and Disclosures Requiring You to Have an Opportunity to Object**

In the following situation, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law. To families, friends or others involved in your care: We may share with these people information directly related to their involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

### **Your Rights Regarding Your Protected Health Information**

You have the following rights relating to your protected health information:

**To request restrictions on uses/disclosures:** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request but are not legally bound to agree to the restriction. To the extent that we do agree to any restriction on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

**To choose how we contact you:** You have the right to ask that we send your information to an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

**To inspect and request a copy of your PHI:** Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your PHI upon your written request. We will respond to your request within 30 days. If we deny your access, we will give your written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.



To request amendment of your PHI: If you believe that PHI we have about you is incorrect or incomplete, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is (1) correct and complete; (2) not created by us and/or not part of our records, or (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended or link to your PHI. If we approve the request for amendment, we will change the PHI and inform you and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: You have a right to receive a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you, your family; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosure going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

## Email and SMS Privacy Policy and Messaging Terms & Conditions

- **Consent and Charges:** Prospective Relate clients consent or opt out of communication for email and/or mobile phone text messages via our New and Returning Client Form. We may send you an initial email or text message with an appointment request. After that, the number of text messages or email messages you receive will vary depending on how you use our services and whether you take steps to generate more messages from us. We do not charge you for the text messages you send and receive, but message and data rates may apply depending on your wireless carrier. By opting into the SMS messaging program, you acknowledge that any charges from your carrier are your responsibility. Mobile users can opt-out of receiving text messages by replying "STOP" to a message at any time. Internal marketing emails can be opted out by clicking "Unsubscribe" at the bottom of the message.
- **Purpose of Data Collection:** The purpose of the collected phone numbers and email addresses is to support client appointments and provide access to completing clinical documentation. Contact information will be utilized to offer schedule reminders and exchange brief communications about appointment details, paperwork, or billing prompts.
- **Data Sharing:** Mobile phone numbers and email addresses collected will not be sold or shared with any third parties for marketing or promotional purposes. There may be limited circumstances in which we may share or transfer information in our databases to an unrelated third party. For example, we reserve the right to disclose



any information as necessary to satisfy any law, regulation or governmental request, to avoid liability, or to protect our rights or property; or if we reorganize or merge with another organization.

- **HIPAA Compliance:** Your phone number, email address, and communication history are securely stored in our HIPAA-compliant electronic health record system. We take the necessary precautions to safeguard your information from unauthorized access. For any privacy concerns, please contact Relate Human Resources at 952-932-7277. This Electronic Privacy Policy applies to your use of the Text Message Service and isn't intended to modify our general Notice of Privacy Practices which may govern the relationship between clients and Relate in other contexts.

## You Have the Right to Receive This Notice

You have a right to receive a copy of this Notice upon request.

## How to Complain About Our Privacy Practices

If you believe your privacy rights have been violated, or you disagree with a decision we made about access to your Protected Health Information (PHI), you may file a complaint with the Contact Person(s) listed below. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201 or call 1-800-696-6775. We will take no retaliatory action against you if you make such complaints.

## Contact Person for Information or to Submit a Complaint

If you have questions about this Notice or any complaint about our privacy practices, please contact: Relate Counseling Center

5125 County Road 101

Minnetonka, MN 55345

Phone #: 952-932-7277

Or:

Commissioner, State of Minnesota

Department of Human Services

444 Lafayette Road

St. Paul, MN 55155

Phone #: 651-296-3971