

Your Health Information Rights

Restrictions on Use or Disclosure: This Notice describes some restrictions on how we can use and give out your health information. You may use and give out your health information. You may ask us for extra limits on how we can use or to whom we can give the information. *You need to make your request in person.* We are not required to agree to your request. If we do agree, we will follow our agreement, except:

-In an emergency where the information is needed for your treatment

-If you give us written permission to use or give out your information

-If you or we end the restriction, or

-as otherwise required by law.

Alternative Communication: Normally, we will communicate with you at the address and phone you give us. You may ask us to communicate with you by other ways or at another location. Your request will need to describe how you want the information communicated and where. We are happy to honor your request will need to describe how you want the information communicated and where. We are happy to honor your request as long as it is reasonable to do so. If you restrict us from providing information to your insurer, you also need to explain how you will pay for your treatment.

Client Access: Reviewing your medical record as well as obtaining copies of the record has always been your right. (There are some exceptions. The request to see your own records must be made in writing if you ask for copies in a format other than paper copies, we will give you that other format if practical. If you ask for copies, we may charge fees as allowed for by the law. If you ask for your records in a format we can provide, we will charge a reasonable fee based on our costs. If your request is denied, we will send the denial in writing. This will include the reason and describe any right you may have to a review of the denial.

Amendment: You have the right to ask that corrections be made to certain health information. This request must be made in writing. Accepting the changes requested is the right of each agency. Certain responsibilities follow when an agency does or does not accept the changes requested. If the changes are accepted, then we have a responsibility to inform others (including people you list in writing) of the change.

Accepting changes made to your record, means that we will include these changes in future disclosures of your health information. If your request is denied, we will include the reasons and describe any steps you may take in response.

Disclosure List: A Disclosure List is a listing of when and to whom your health information has been disclosed. You may receive a free list of these disclosures – with some exceptions. The list does not include:

-disclosures made for treatment, payment or health care operations

-disclosures made before April 14, 2003

-disclosures you have authorized

The law requires that you need to make your request in writing. You have the right to ask for a disclosure of your healthcare information. If your request is made more than once in 12- month period, we may charge a fee for each extra list. You may elect to withdraw or change your request to reduce or eliminate the charge.

Paper Copy of Notice: You may receive a paper copy of our current Notice of Private Practice.

Uses and Disclosures of Health Information

This section describes circumstances when we can disclose your health care information both internally and circumstances that require us to disclose your health care information to other agencies, such as law enforcement or other government agencies. In every instance, we make all uses and disclosures according to our privacy policies and the law.

The following section lists the circumstances which your healthcare information can be disclosed without your written permission. The instances listed are typically emergency situations, or reminders to you. Other instances are necessary in order to provide care for you, such as contacting your pharmacy for a refill. *Please continue to read carefully.*

Treatment, Payment and Health Care Operations: We may use and give your health information for:

-treatment (includes working with another provider)

-payment (such as billing for services provided)

-our health care operations: These are non- treatment and non-payment activities that are let us run our business or provide services. These include, for example, quality assessment and conducting training programs.

As necessary, we may share health information within the Arubah system for treatment, payment or health care operations.

Medical Emergency: We may use or give your health information to help you in a medical emergency.

Appointment Reminders: Treatment Alternatives: We may send you appointment reminders, or tell you about treatments and health-related benefits or services that you may find helpful.

Death: We may give certain health information about a deceased person to a coroner, medical examiner, or law enforcement official.

Health Care Workplace Medical Surveillance /injury/ illness: If your employer is a health care provider, we may share health information required by the state or federal law: about work – related illness or injury, or for the workplace surveillance activities.

Law Enforcement: We may give certain health information to law enforcement. This could be:

-when there may have been crime at the facility, or

-when there is a serious threat to the health or safety of another person or people.

Correctional Facility: We may give the health information of an inmate or other person in custody to law enforcement or a correctional institution.

Abuse or Neglect: We may give health information to the proper authorities about possible abuse or neglect of a child or a vulnerable adult.

Military authorities /National Security: We may give health information to authorized people from the U.S. military, foreign military, U.S national security or protective services.

Public Health Risks: We may give health information about you for public health purposes. These purposes include the following:

-reporting and controlling disease (such as tuberculosis), injury or disability

-reporting adverse events or surveillance related to food, medications, or problems with health products

-notifying a person who may have been exposed to a disease or be at risk for catching or spreading a disease or condition.

Health Oversight Activities: We may give health information to government, licensing, auditing and accrediting agencies for actions allowed or required by law.

Required by Other Laws: We may use or give health information as required by other laws. For example:

-We may give health information to the U.S. Department of Health and Human Services during an investigation.

-We may give health information under workers' compensation or similar laws.

We may give health information:

-To social services and other agencies or people allowed to receive information about certain injuries or health conditions for social services, health or law enforcement reasons.

- About an emancipated minor or minor receiving confidential services to prevent a serious threat to the minor.

Legal Process: We may give health information in response to a state or federal court order, legal orders, subpoenas, or other legal documents.

With Your Authorization

Except for the situation listed above, we must have your written permission to disclose any of your health information. If you give written permission, you may revoke it at any time by notifying us in writing. This form is available from the Contact Office listed below. Your permission will end when you receive the signed form, or when we have acted on your request.

Questions and Complaints

If you have any questions about our privacy practices, please contact our Privacy Officer at the following address and phone number:

Privacy Officer: Jennifer Boyd, MA

North Office phone: 612- 284- 8115

You may also send a written complaint to the U.S. Department of Health and Human Services . We will give you the address to file a complaint if you ask for it, we will not punish you or retaliate if you chose to file a complaint.

This Notice takes effect August 2012. It will remain in effect until we replace it.

Arubah Emotional Health Services, PA

3300 County Rd 10 Suite 204B

Brooklyn Centre, MN 55429

Phone: 612-284-8115

www.arubahemotionalhealth.com.



Notice of Privacy Practices

Arubah Emotional Health Services

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY

In 1996, a law was passed entitled the Health Insurance Portability and Accountability Act (HIPAA). This law sets out new standard for the confidentiality and security of health data. Health data includes your medical records.

One of our responsibilities is to inform you of ways your health data may be used or disclosed, as well as how you can obtain access to your health care records. This notice may seem overwhelming. Please let us know if you have any questions.

Our Health Information Duties

- We have a legal duty to protect the privacy of your health information and to give you this Notice.
- We may change the terms of this Notice and to make the new terms effective for all the health information we have. This includes health information we created or received before we made the changes.
- We will make any revised Notice available in hard copy, and by displaying it in our facilities and on our Website. Also you can request the revised Notice in – person or by mail.

“Health information” means, generally, information about your past, or present health status, condition, diagnosis , treatment, prognosis, or payment for health care.