

**NORTHERN PINES MENTAL HEALTH CENTER
NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Information we gather about you is classified in Minnesota as private data and will only be used by authorized individuals. The Minnesota Government Data Practices Act and the Federal Health Insurance Portability and Accountability Act (HIPAA) require that when we ask you to provide us with private or confidential information about yourself that you be told:

- the purpose for which the information will be used.
- the legal requirements, if any, of supplying it.
- the consequences to you of providing the information or refusing to supply it.

PURPOSE – The information we ask from you will be used to establish a diagnosis and prognosis; determine a treatment plan and goals; and to provide the services you request. The information will also be used to establish your ability to pay for those services or collect reimbursement for those services from a third party payer such as an insurance company or social service agency.

LEGAL REQUIREMENTS AND CONSEQUENCES – You are not legally required to provide any of the information we request. In most cases it is to your benefit to provide the information since failure to provide the information means that we will be unable to provide the services you request. In some situations, providing the services will be hindered. If you are here because of a court order and you refuse to provide information, that refusal may be communicated to the court. If you do not provide financial/insurance information, you may be responsible for all the costs.

PRIVACY PRACTICES

1. Northern Pines MHC is permitted to make uses and disclosures of protected health information for treatment, payment, and health care operations. Following are some examples:
 - a. For treatment – If you desire medication, then your therapist will provide your information to one of our consulting psychiatrists.
 - b. For payment – The business office staff will disclose certain information to your insurance company so that Northern Pines MHC can receive reimbursement from your insurance company.
 - c. For health care operations – Another mental health professional reviews your chart to help ensure you are receiving appropriate mental health care.
2. Northern Pines MHC is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization. Northern Pines MHC will disclose protected health information as prescribed by law. This includes the following:
 - a. Pursuant to a Court Order
 - b. Pursuant to a statute authorizing release including:
 - i. reporting any suspected child or vulnerable adult abuse or neglect
 - ii. reporting substance abuse by a pregnant woman
 - iii. providing information to a Pre-commitment Screening Team if a commitment is being considered.
 - c. Pursuant to a contract authorizing access including various accrediting firms or auditors.
 - d. Per the request of the Commissioner of Human Services for:
 - i. a new use of data approved by the Commissioner
 - ii. fraud investigation
 - iii. investigating a child mortality case by a Child Mortality Review Team
 - e. Per the request of the Food and Drug Administration (FDA) if the FDA needs to access to the information to warn you about health hazards associated with a medication.
 - f. If you are here because of Worker's Compensation, then we will release information per the request of the employer or insurance company.

- g. If you are deemed to be in imminent danger of causing injury to yourself or others, we will release information to appropriate others to prevent any harm.
 - h. If you are an inmate or in custody of a law enforcement officer, we may release information about you to the correctional institute or law enforcement official to provide health care, to protect your health and safety or the health and safety of others.
 - i. If you are a member of the armed forces, we may release information about you as required by military command authorities.
 - j. A medical emergency that leaves you incapacitated.
 - k. To obtain reimbursement for service fees through a collection agency or the courts.
 - l. Information compiled by Northern Pines MHC to defend itself in any court case.
 - m. To the county medical examiner to identify, or locate relatives of a deceased person.
 - n. To a mental health ombudsman on decedents.
3. Other uses and disclosures will be made only with your written authorization, and you may revoke such authorization at any time by providing written notice to Northern Pines MHC. You cannot revoke an authorization or consent to the extent that Northern Pines MHC has already taken action on the authorization or consent.
4. Northern Pines MHC may contact you to provide appointment reminders if you desire and give written consent.
5. You have the following rights regarding your protected health information:
 - a. The right to request restrictions on certain uses and disclosures of protected health information. This request must be in writing. However, Northern Pines MHC is not required to agree to a requested restriction.
 - b. The right to receive confidential communications or protected health information, as applicable.
 - c. The right to inspect and copy protected health information, as provided in the Privacy Regulation.
 - d. The right to amend protected health information, as provided in the Privacy Regulation.
 - e. The right to receive an accounting of disclosures of protected health information. This request must be in writing.
 - f. The right to obtain a paper copy of this Notice from Northern Pines MHC. This right extends to an individual who has agreed to receive the notice electronically.
6. Northern Pines MHC is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and Privacy Practices with respect to protected health information.
7. Northern Pines MHC is required to abide by the terms of the Notice of Privacy Practices currently in effect.
8. Northern Pines MHC reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.
9. Northern Pines MHC will provide active clients with a revised Notice by posting in our offices and making the Notices available at the reception desk to all our active clients.
10. Individuals may complain to Northern Pines MHC and to the Secretary of the Department of Health and Human Services, without fear of retaliation by Northern Pines MHC, if they believe their privacy rights have been violated. An individual may file a complaint with Northern Pines MHC by completing a Grievance Form which is available at any office location.
11. Northern Pines MHC contact person for matters relating to complaints is:

Privacy Official
Northern Pines MHC
823 Maple Street
Brainerd MN 56401
(218)454-3824
12. This notice is in effect on January 1, 2014.



ACKNOWLEDGEMENT AND CONSENT

I hereby acknowledge that I have received a copy of Northern Pines Mental Health Center’s Notice of Privacy Practices. I have had an opportunity to review it and to ask questions. I understand that Northern Pines Mental Health Center may sometimes disclose information about me without my consent, as required or permitted by law.

I understand that by submitting a written request, that I may receive a copy of my file; request an amendment to my file; request alternative communication methods; request limited distribution of information in my file; or obtain an accounting of disclosures.

In signing this document, I also consent to the use and disclosure of my service information for routine treatment, billing and operations.

Individual’s printed name

Individual’s signature or Parent/Guardian signature

Witness

Date