



TRAVERSE COUNSELING & CONSULTING

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Notice of Privacy Policies

This notice describes how health-related information about you may be used and disclosed under the federal Health Insurance Portability and Accountability Act (HIPAA) and how you can gain access to this information.

Obligations & Commitment to You:

Traverse Counseling & Consulting (TCC) takes the privacy of your health information seriously. The information collected about you and your mental and physical health issues is considered “private”, and is protected by state and federal laws. This information is referred to as “Protected Health Information”, or “PHI”, and includes individually identifiable information such as your name, address, date of birth, past, present, or future health conditions, the provision of health care to you, and payment information.

TCC not only follows all state and federal laws protecting your PHI, but also attempts to limit any disclosure of information about you to the minimum necessary. It is further expected that any consultants, volunteers, or business partners working with TCC, will also respect your privacy and abide by the same laws.

As part of your healthcare, TCC originates and maintains paper and/or electronic records describing your health history, symptoms, examination and test results, diagnoses, treatment and any plan for future care or treatment. This information serves as a basis for planning your care and treatment, a source of information for applying your diagnosis and treatment information to your bill, a means by which a third-party payer can verify that services billed were actually provided, and as a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

This notice informs you of the ways that your PHI may be disclosed and to whom, and what rights you have regarding your PHI.

How Your Health Information May Be Used and Disclosed:

Described below are the ways TCC may use and disclose health information that identifies you:

- **For treatment:** It may be necessary to consult with a doctor, medical specialist, or another therapist you are seeing to provide the most effective treatment. TCC may disclose your PHI to doctors, and other health care personnel who are involved in providing your healthcare with your written consent.



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- **For payment:** In order to be reimbursed for services and determine eligibility for coverage, your health insurance company may require details of your diagnosis, the number of sessions in which you participate, and potentially other information, such as your treatment plan. TCC may disclose this information with your written consent.
- **For health care operations:** Your information may be used for normal health care operations, such as entry into a billing system, to evaluate the quality of services provided, and for audit purposes. TCC employs administrative staff and, in most cases, needs to share your PHI for administrative purposes, such as scheduling and billing. All staff members have been given training about protecting your privacy.
- **To contact you:** Unless otherwise specified by you, your information may be used to contact you by telephone, voicemail, email, or fax in order to return a message or relay information to you.
- **For consultation:** Periodically, your therapist(s) may consult with other licensed professionals to ensure that we are offering the best services to you, as a client. These professionals are bound by the same rules of confidentiality, and your therapist(s) take great care to protect your privacy by changing identifying details.

Described below are special circumstances in which your PHI may be used or disclosed without your consent or authorization:

- **As required by law:** Information will be disclosed when required by federal, state, or local law. For example, therapists are obligated by law to report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. TCC must also disclose PHI to authorities that monitor compliance with these privacy requirements.
- **To avert a serious threat to health or public safety:** Information will be disclosed when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or of another person. However, disclosures in these areas will only be made to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- **For health oversight activities:** Information may be disclosed for purposes regarding health-care delivery as authorized by law. These activities may include audits, investigations, inspections, and licensure.



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- **For lawsuits and disputes:** If you are involved in a lawsuit or a dispute, information may be disclosed in response to a court order. Any other disclosures of your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, must have your written authorization.
- **In response to a complaint or lawsuit:** Information may be disclosed in order to answer a complaint or lawsuit.
- **Worker's Compensation:** Information may be disclosed as authorized by and to the extent necessary to comply with worker's compensation laws or laws relating to similar programs.

Special Uses and Disclosures Requiring Authorization

For purposes beyond treatment, payment, and health care operations, including communication to family, friends, or others involved in your care and/or payment of your care, your written authorization is required unless the use and disclosure falls within one of the exceptions listed above. 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.

Your Rights Regarding Your Protected Health Information

You have the following rights regarding your PHI:

- The right to request restrictions on uses and disclosures of your PHI, upon your written request. TCC is not legally required to agree to a requested restriction. To the extent that TCC does agree to any restriction on our use/disclosure of your PHI, we will put that agreement in writing and abide by it except in emergency situations. TCC will not agree to limit uses/disclosures that are required by law.
- The right to inspect and request a copy of your PHI, upon your written request. Unless your access to your records is restricted for clear and documented treatment reasons, TCC will respond to your request within 30 days. TCC's policy on accessing minor's files is located in the Client Rights and Responsibilities Agreement document and may be discussed with the minor's therapist(s) at intake or at any point during treatment. If TCC agrees to your request to inspect your file, we will contact you to schedule a regular therapy session with your therapist(s). This session will be used to review the file with you and to discuss any questions or concerns you may have. TCC does require a reasonable amount of time to review the file prior to scheduling a session. If TCC denies



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your access, we will give you written reasons for the denial and explain any right you may have to have the denial reviewed. If you request copies of your PHI, a charge for copying may be imposed. In addition, family therapy files require all adults involved to sign an authorization for copying or releasing PHI.

- The right to request amendment of your PHI, upon your written request. If you believe that the PHI TCC has about you is incorrect or incomplete, you may request that we correct or add to your record. TCC will respond within 60 days of receiving your request. TCC may deny your 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 may provide, appended or linked to your PHI. If TCC approves the request for amendment, we will change the PHI and so inform you, and tell any necessary personnel about the change in the PHI.
- The right to receive an accounting for disclosures of your PHI, upon your written request. You may receive a list of when, whom, for what purpose, and what content of your PHI has been released other than instances of disclosure (for treatment, payment, and health care operations). This list will not include any disclosure made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April 2003. TCC will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going back as far as six (6) years. There will be no charge for up to one (1) such list each year. There may be a charge for more frequent requests.
- The right to receive a copy of this Notice upon your request.

Requesting Copies of Your PHI

You have a right to request, in writing, a copy of your patient record in accordance with Minnesota Statute 144.292. Unless the file information is requested for a review of your current medical care, a worker's compensation claim, or a Social Security disability claim, you will be charged a per-page copy fee and a retrieval fee. 2017 rates set by the Minnesota Department of Health allow for a per-page copy fee of \$1.35 and a retrieval fee of \$17.96. These fees will be adjusted on an annual basis to follow the current Minnesota Department of Health rates. TCC will provide you an estimate prior to making copies. In addition, family therapy files require all adults involved to sign an authorization for copying or releasing PHI. In order to receive your file, full payment for the copies and the retrieval fee must be received. Please note that HIPAA regulations allow providers up to 30 days to retrieve, prepare, and dispatch requested information.



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Changes to This Notice:

TCC is required to abide by the terms of the Notice currently in effect, and reserves the right to change this Notice at any time and to make the new Notice apply to the Health Information already held as well as any information received in the future. Revised Notices are made available at www.TraverseCC.org.

Questions/Complaints

If you have any questions about this Notice, are concerned that your privacy rights may have been violated, or disagree with a decision that TCC has made about access to your Protected Health Information, you may contact Michael Borowiak at 952/595-5967. You may also send a written complaint, without retaliatory action against you, to the Secretary of the U.S. Department of Health and Human Services or to the appropriate Minnesota state licensing board.