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HIPPA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

You have the right to:

- ❖ Get a copy of your paper or electronic medical record
- ❖ Correct your paper or electronic medical record
- ❖ Request confidential communication
- ❖ Ask me to limit the information I share
- ❖ Get a list of those with whom I've shared you information
- ❖ Get a copy of this privacy notice
- ❖ Choose someone to act for you
- ❖ File a complaint if you believe your privacy rights have been violated

Your Choice

You have some choices in the way that I use and share information as I:

- ❖ Tell family and friends about your condition
- ❖ Provide disaster relief
- ❖ Include you in a hospital directory
- ❖ Provide mental health care
- ❖ Market my services and sell your information
- ❖ Raise funds

My Uses and Disclosures

I may use and share your information as I:

- ❖ Treat you
- ❖ Run my organization
- ❖ Bill for your services
- ❖ Help with public health and safety issues
- ❖ Do research
- ❖ Comply with the law
- ❖ Respond to organ and tissue donation requests
- ❖ Work with a medical examiner or funeral director
- ❖ Address workers' compensation, law enforcement, and other government requests
- ❖ Respond to lawsuits and legal actions



Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

- ❖ You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you. Ask me how to do this.

Get an electronic or paper copy of your medical record

- ❖ I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.
- ❖ You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.

Ask me to correct your medical record

- ❖ I may say “no” to your request, but I’ll tell you why in writing within 60 days.
- ❖ You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

Request confidential communications

- ❖ I will say “yes” to all reasonable requests.
- ❖ You can ask me not to use or share certain health information for treatment, payment, or my operations. I am not required to agree to your request, and I may say “no” if it would affect your care.

Ask me to limit what I use or share

- ❖ If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will say “yes” unless a law requires me to share that information.
- ❖ You can ask for a list (accounting) of the times I’ve shared your health information for six years prior to the date you ask, who I shared it with, and why.

Get a list of those with whom I’ve shared information

- ❖ I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me



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to make). I'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- ❖ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.
- ❖ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

Choose someone to act for you

- ❖ I will make sure the person has this authority and can act for you before I take any action.

File a complaint if you feel your rights are violated

You can complain if you feel I have violated your rights by contacting me using the information on page 1.

- ❖ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- ❖ I will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.

In these cases, you have both the right and choice to tell me to:

- ❖ Share information with your family, close friends, or others involved in your care
- ❖ Share information in a disaster relief situation • Include your information in a hospital directory

If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your



best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases I never share your information unless you give me written permission:

- ❖ Marketing purposes
- ❖ Sale of your information
- ❖ Most sharing of psychotherapy notes

My Uses and Disclosures

How do I typically use or share your health information?

I typically use or share your health information in the following ways.

Treat you

I can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

Run my organization

I can use and share your health information to run my practice, improve your care, and contact you when necessary.

Example: I use health information about you to manage your treatment and services.

Bill for your services

I can use and share your health information to bill and get payment from health plans or other entities. *Example: I give information about you to your health insurance plan so it will pay for your services.*

How else can I use or share your health information?

I am allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.



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Help with public health and safety issues

I can share health information about you for certain situations such as:

- ❖ Preventing disease
- ❖ Helping with product recalls
- ❖ Reporting adverse reactions to medications
- ❖ Reporting suspected abuse, neglect, or domestic violence
- ❖ Preventing or reducing a serious threat to anyone's health or safety

Do research

I can use or share your information for health research.

Comply with the law

I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I'm complying with federal privacy law.

Respond to organ and tissue donation requests

I can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

I can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- ❖ For workers' compensation claims

I can use or share health information about you:

- ❖ For law enforcement purposes or with a law enforcement official
- ❖ With health oversight agencies for activities authorized by law
- ❖ For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions



I can share health information about you in response to a court or administrative order, or in response to a subpoena.

- ❖ I am required by law to maintain the privacy and security of your protected health information.
- ❖ I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

My Responsibilities

- ❖ I must follow the duties and privacy practices described in this notice and give you a copy of it.
- ❖ I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my web site.

Contact Information

For more information, contact us at info@foundationtherapies.com or 651.472-6535
(Effective Date: 12/2017)