**Psychological Strategies, LLC**

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**HIPAA 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.**

I am required by law to make sure that your Protected Health Information (PHI) is kept private. I am required to provide to you this Notice about my privacy procedures and abide by the terms outlined within the Notice.

I have the right to change the terms of this Notice and my privacy policies at any time as permitted by law. A new Notice reflecting any changes will be effective for all PHI already on file with me. Before I make any important changes to my policies, I will notify you by mailing or giving to you a copy of the changed document. Any currently effective Notice can also be found on my website at [www.psychstrategiesllc.com](http://www.psychstrategiesllc.com).

**Some Important Definitions**

“Protected Health Information” or “PHI” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care services to you, or the payment for such health care.

“Use” applies only to activities within my practice such as when I share, use, apply, examine or analyze information that identifies you.

“Disclosure” applies to activities outside of my practice, such as when I release, transfer, or provide access to information about you to a third party.

**I. Uses and Disclosures of Protected Health Information for Treatment, Payment, and Health Care Operations Do Not Require Your Consent**

I may use and disclose your PHI without your consent for the following reasons, although in most cases we would talk about it in advance:

* **To obtain payment for treatment**: I may use and disclose your PHI to bill and collect payment for the treatment and services I have provided you.
* **For health care operations, which are activities that relate to the performance and operation of my practice**: I may disclose your PHI in the process of evaluating the quality of the services that I have provided you. I may also provide your PHI to my attorney, consultants, and others in order to make sure that I am in compliance with applicable laws, practice requirements, or specific models of treatment that I may be providing to you. Other practice activities could include, but are not limited to, training of practicum students or post-doctoral fellows and conducting other business activities. For example, I may disclose your PHI to a practicum student that sees clients or co-facilitates a group in my practice. I may also call you by name in the waiting room when I am available to see you,
* **Emergency treatment**: If you need emergency treatment, I am not required to first obtain your consent as long as I attempt to get your consent after treatment has been provided. In the event that I try to get your consent and you are unable to communicate with me, if I think that you would consent to such treatment if you were able, I may disclose your PHI.

**II. Other Uses and Disclosures of Protected Health Information That Require Neither Consent Nor Authorization**

I may use or disclose your PHI without your consent or authorization in the following cases:

* **Child Abuse:** If I know or have reason to believe a child is being neglected or physically or sexually abused or has been neglected within the preceding three (3) years, I must immediately report the information in accordance with the Minnesota Child Abuse and Neglect Reporting laws.
* **Adult and Domestic Abuse:** If I have a reasonable suspicion of elder abuse or vulnerable adult abuse, I must report the information in accordance with the Minnesota Vulnerable Adult Abuse Reporting laws.
* **Health Oversight Activities:** I may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs.
* **Disclosure Required by Federal, State, or Local Law; Judicial, Board, or Administrative Proceedings; or, Law Enforcement:** I may disclose PHI to appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in judicial, board, or administrative proceedings.
* **Serious Threat to Health or Safety:** If you communicate a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim, I must make reasonable efforts to communicate this threat to the potential victim or to a law enforcement agency. I must also do so if a member of your family or someone who knows you well has reason to believe you are capable of and will carry out the threat. I may also disclose information about you necessary to protect you from a threat to commit suicide or serious harm to self or others.
* **For Public Health Activities:** I may disclose your PHI for public health purposes to a public health authority that is permitted by law to collect or receive the information. In the event of your death, I may be required to provide the county coroner information about you in order for them to perform their duties authorized by law.
* **Business Associates:** I may use or disclose your PHI to an outside company that assists me in operating my practice. These outside companies are called “business associates” and they contract with me to keep any PHI received from me confidential the same way I do.
* **Worker’s Compensation:** If you file a worker’s compensation claim, a release of information from me to your employer, insurer, the Department of Labor and Industry, or yourself will not need your prior approval. I may use or disclose your PHI as authorized to comply with workers’ compensation laws and other similar legally-established programs.
* **Subpoena by a Court of Law:** I am required to provide requested information stated on the subpoena to the court. The subpoena may require me to be present in court to testify.
* **Arbitrator or Arbitration Panel:** When arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel, I may disclose PHI.
* **Court-Ordered Services**: If you receive services from me that are ordered by a court of law, I am required to forward the requested information to the court.
* **Military Activity and National Security**: When appropriate conditions apply, I may use or disclose PHI of individuals who are Armed Forces personnel: (i) for activities deemed necessary by appropriate military command authorities; (ii) for the purpose of a determination by the Department of Veterans Affairs; or (iii) to foreign military authority if you are a member of the foreign military services.
* **Research**: In certain circumstances, I may provide PHI in order to conduct research that has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
* **Otherwise Required Disclosures By Government/Law**: I will comply with all local, state, and federal agencies and regulations to comply with required disclosures of PHI. This may include disclosures related to public health authority, coroner or medical examiner, military or veterans’ affairs agencies, national security purposes, and law

enforcement matters.

**III. Other Uses and Disclosures of Protected Health Information Require Your Prior**

**Written Authorization**

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. Even if you have signed an authorization for me to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures of your PHI by me. The revocation will not apply to any action that has already been taken in reliance of the original authorization or information that has been already received as a result of the original authorization.

**IV. Your Rights Regarding Your Protected Health Information**

The following is a description of your rights with respect to your PHI and a brief description of how you may exercise those rights.

**A. You have the right to inspect and copy your protected health information.** This means you have the right to request in writing to inspect or obtain a copy (or both) of PHI that is in my possession. You must request to do so in writing. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request. If I do, I will provide you, in writing, the reasons for the denial and explain your right to have the denial reviewed. If you ask for copies of your PHI, I will charge you no more than 25 cents per page.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.

**B. You have the right to request limits on the uses and disclosures of your PHI,** This means that you have the right to request in writing that I limit how I use and disclose your PHI. While I will consider your request, I am not required to agree with the restriction. If I believe that it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If I agree with your requested restriction, I will abide by it except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

**C. You have the right to request to receive confidential communications from me by alternative means or at an alternative location.** I will accommodate reasonable requests. For example, you may not want a family member to know that you are being seen at Psychological Strategies, LLC. Upon your written request, communication from me would be sent to another address.

**D. You have the right to receive a list of certain disclosures I have made, if any, of your Protected Health Information.**  This means that you have the right to request, in writing, a list of the disclosures of PHI for which you have not provided consent for authorization (as described in Sections I and II of this Notice). The list will also not include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.

I will respond to your written request within 60 days of receiving it. The list I provide to you will include disclosures made in the previous six (6) years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including the address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, as long as you do not make more than one request within the same 12-month period, in which case I will charge you a reasonable sum based on a set fee for each additional request.

**E. You have the right to amend your Protected Health Information,** In the event that you believe there has been an error in your PHI or that important information has been left out, you have the right to request, in writing, that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response from me within 60 days of my receipt of your request. In certain cases, I may deny your request for an amendment, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not a part of records generated by me, or (d) written by someone other than me. My denial will state the reason(s) for the denial and will explain your right to file a written statement of disagreement with my denial. Even if you do not file a written statement of disagreement, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I agree with your request, I will make the change(s) you requested to your PHI and advise you when that has been done. In addition, I will advise those who need to know about the change(s) made to your PHI.

**F. You have the right to a paper and/or electronic copy of this Notice of Privacy Policy.**  Even if you have received the Notice electronically, you have the right to request in writing to obtain a paper copy of the Notice from me.

**G. You have the right to be notified of a data breech.**  I am required to notify you in the event that I (or a Business Associate) discovers a breach of your Protected Health Information.

**V. Complaints and Grievances**

If you have a concern that I may have violated your privacy rights, or if you disagree with a decision I made about access to your PHI, you have the right to file a written complaint with Patricia Stankovitch at Psychological Strategies, LLC. You may also send a written complaint to the Secretary of the U. S. Department of Health and Human Services located at 200 Independence Avenue S. W., Washington, D.C. 20201. If you file a complaint about my privacy practices, I will not retaliate against you for filing a complaint.

**VI. Effective Date of This Notice**

This Notice went into effect on December 1, 2021.