

# MIDWEST CENTER FOR TRAUMA AND EMOTIONAL HEALING

## NOTICES OF PRIVACY PRACTICES

The privacy of your health information is important to each of us at Midwest Center for Trauma and Emotional Healing. We are required by law to maintain the security and confidentiality of your physical and psychological information as well as other identifiable information such as your name, address and telephone number. We are required to extend certain protections to your “Protected Health Information” (PHI), which includes information about your past, present and future health care services or payment for your health care.

We are required by law to provide you with this notice regarding our legal duties and our privacy practices. We are required to abide by the terms of the notice currently in effect. We reserve the right to change your Privacy Practices and the terms of this notice at any time. For example, if privacy laws change, we will change our practices to comply with the law. Your health care provider, at your request will provide you a copy of any revised Notice of Privacy Practices at the time of your appointment in the mail.

## USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

Midwest Center is permitted to make uses and disclosures of your protected health information. For some of these purposes, we are required to obtain your consent. For others we may be required to obtain your individual authorization. In a limited number of circumstances we will be authorized by law to disclose your protected health information without your consent or authorization.

### FOLLOWING IS A DESCRIPTION OF THESE USES AND DISCLOSURES:

- a. FOR TREATMENT – We may use or disclose your protected health information to provide and coordinate your care and treatment and any other related services.
- b. FOR PAYMENT – We may disclose your health information to coordinate claims processing and payment from third party payers. This may include activities such as needed for your health plan to determine eligibility and benefits and utilization review activities. Information on or accompanying the bill may include information that identifies you as well as your diagnosis.
- c. FOR HEALTH CARE OPERATIONS – We may disclose your health information to support the business activities of Midwest Center. These activities include but are not limited to, quality assessment activities, staff training and other activities. For example, we may call your name in the waiting areas.

## MINNESOTA CLIENT CONSENT FOR DISCLOSURE

For some disclosures described above we are required by Minnesota law to obtain written consent from you.

### Other Uses and Disclosures

Each independent practitioner at Midwest Center is permitted or required, under specific circumstance, to se of disclose protected health information without our written authorization. These disclosures include those required b law such as:

- a. For any stated intention to harm another person
- b. For any stated intention to commit suicide
- c. For the abuse or neglect of a child
- d. For the abuse or neglect of a vulnerable adult
- e. If there is a court order to release protected information about you
- f. If you are pregnant and using controlled substance

### YOUR INDIVIDUAL RIGHTS

YOU HAVE THE FOLLOWING RIGHTS REGARDING PROTECTED HEALTH INFORMATION:

- a. The right to request restrictions on certain uses and disclosures of protected heath information. This means you may ask us not to use or disclose a part of your protected health information. Your request must be in writing and specific in describing the restriction requested and to whom the restriction applies. Your health care provider is not required to agree if they believe it is not in your best interest. If your provider doesn't agree you they will discuss this matter with you or inform you in writing.
- b. You may be contacted by phone or other any other means which you have identified in your intake information
- c. . Mail will also be sent to the address you have last given your provider.
- d. You have the right to receive accounting of disclosures of protected health information.

If you are in disagreement with how your health care provider has handled your privacy rights you my write to Midwest Center for Trauma and Emotional Healing at 16204 Highway 7, Minnetonka, MN 55345. This may be sent to the attention of clinical directors, Patti Miller MA LP and/or Dawn McClelland PHD LP. You may also express your concerns to your individual practitioner's licensing board.

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Client Signature

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Date