



Gratia Counseling & Consulting, LLC
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NOTICE OF PRIVACY PRACTICES

Health Information Portability & Accountability Act (HIPAA)

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

Our pledge to protecting to your privacy

Gratia Counseling & Consulting, LLC (GCC) is dedicated to protecting your personal or protected health information (PHI) as part of providing professional, quality care. We are required by law to maintain the privacy and confidentiality of your PHI. The many laws of this are complicated yet GCC wants you to know and is mandated to inform you of this important information. This notice is intended to let you know of Our legal duties, your rights and Our privacy practices with respect to your PHI. This is a consolidated version of the Notice of Privacy Practices. If you have any questions or want to know more about anything in this notice, please contact Gratia Counseling & Consulting, LLC.

How we use and disclose your PHI with your consent

The following categories describe and outline different ways that PHI is used and disclosed. Each category of use or disclosure will have an explanation provided along with a relevant example. Not every use or disclosure in a category will be listed. However, all of the ways permitted to use and disclose information will fall within one of the categories.

The law allows us to use or disclose your PHI for the following purposes:

1. **Treatment.** We may use and disclose your PHI to provide you with treatment. For example, we may release your PHI to make a referral or to coordinate care with another provider. We will get written consent prior to making disclosures for treatment purposes, except in emergency situations when obtaining consent is not possible. This type of disclosure is made to enhance your care or generally manage the services you are receiving. Your PHI is used to create mental health records.
2. **Payment.** We may use or disclose your PHI to bill third parties (insurance companies, collection agencies, utilization review personnel, EAPs, superbills) to collect payment/reimbursement for the services rendered as part of your treatment. The PHI disclosed for this purpose may include your name, date of birth, diagnosis, treatment service code, and provider. Your information may also be disclosed to make benefit determinations and authorizations.
3. **Health Care Operations.** Your PHI may be used for other general healthcare business operations designed to improve services at Gratia Counseling & Consulting, LLC. It may be used to run the

practice, insure quality of care and contact you as necessary. For example, we may contact you for scheduling purposes.

After you have read and reviewed this notice you will be asked to sign a consent form to let us use and share your information in the above-mentioned ways. If you do not consent and sign this form, GCC cannot treat you. If we want to use or send, share, or release your information for other purposes, we will discuss this with you and ask you to sign an authorization form to allow this. This authorization is called a release of information. These forms expire after one year. You may revoke an ROI at any time by notifying your therapist.

Disclosing your health information without your consent

There are times and situations when the law requires the use, share or disclosure of your PHI without prior consent. The following reasons for such a disclosure are:

1. In the event of abuse or neglect of a child or vulnerable adult or if a pregnant woman has used a controlled substance for habitually or repeatedly for non-medical purposes during pregnancy.
2. If a law enforcement official requires us to do so.
3. If there is a serious threat to you or another's health and safety or to the public. PHI will be shared only with persons who are able to help prevent, reduce and intervene with the threat.
4. When we are required to do so by lawsuits and other legal proceedings and disclosure is court ordered.
5. If there is a demand for an audit by an insurance or county contract.
6. For a workers' compensation and/or similar benefit need.
7. When the use and/or disclosure relates to decedents and information is required for a coroner or medical examiner, consistent with applicable laws, to carry out their duties.
8. If a non-custodial parent requests information, they can receive information about services provided to their child, but not about the other parent.
9. If there is a new statute, federal law or State Commissioner of Administration ruling which authorizes new use of this information after you have been given notice.
10. If you are under the state mandated age of consent, the law allows your parents the right to examine or receive a copy of your treatment records.

Your rights regarding your health information

You have the following rights with regard to your health information. If you would like to exercise any of these rights or if you have questions regarding your rights, please let your therapist know. We may request that you do so in writing.

1. Right to request restrictions. You can ask us to limit what we tell people involved in your care, such as family members and friends. If you pay out-of-pocket for a service you may request that we do not disclose information pertaining to that service to your health plan for purposes of payment or health care information.
2. Right to review and obtain a copy of your record and PHI. You have the right to look at PHI we have about you, such as your medical records, other than "psychotherapy notes," as defined in 45 CFR § 164.501. If you would like a copy or to see your records, please contact GCC to arrange how to see your records.

3. Right to request a correction or your record. If you believe that the information in your records is incorrect, missing items or inaccurate you can ask us to make additions to your records to correct the situation. This request must be made in writing. It is also required you tell us the reasons you want to make the changes.
4. Right to receive confidential communication. You can ask us to communicate with you in a particular way or at a certain place this is more private or appropriate for you. For example, you can ask that you are contacted at home, instead of work, to schedule or cancel an appointment.
5. Right to a paper copy of this notice. You have the right to a copy of this notice. If we change this notice, we will post the new version in the waiting area, receive a copy from your provider, or find it online at www.gratiacounseling.com.
6. Right to list of disclosures. You have the right to obtain an accounting of disclosures of your PHI, except disclosure for treatment, payment or health care operations, and certain other disclosures (i.e., those you requested).
7. Right to file a complaint. If you believe your privacy rights have been violated you have the right to file a complaint. A complaint can be filed with the Secretary of the Department of Health and Human Services, Office for Civil Rights 651-282-5600 or directly with Gratia Counseling & Consulting, LLC. All complaints must be in writing. A complaint will not change the health care you receive from Gratia Counseling & Consulting.

Additionally, you may have other rights that are granted to you by the laws of the state of Minnesota. These laws may be the same or different from the rights described above. We will be happy to discuss these situations with you now or as they arise. This is a brief summary of the laws and rules that determine the use of information contained in your records in this office.

Minnesota Patient Consent for Disclosures

In the state of Minnesota laws dictate that most disclosures of your PHI require written consent from you, unless the disclosure is authorized by another law. This consent may be obtained at any point of receiving services, or thereafter, when the need arises to disclose your PHI to others outside of our organization. Consent from you may come in the form of verbal permission but ideally written authorization. We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked by you at any time with written notification.

If you have any questions regarding this notice or our privacy policies, please contact Gratia Counseling & Consulting, LLC at 763.333.1553.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.