

Mills Consulting & Psychotherapy

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Notice of Health Information Privacy Practices and Patient Bill of Rights

Introduction

Mills Consulting and Psychotherapy is committed to treating and using protected health information about you responsibly. This Notice of Health Information Privacy Practices describes the personal information I collect, and how and when I use or disclose that information. It also describes your rights as they relate to your protected health information.

Understanding Your Health Record/Information

Each time you visit Mills Consulting & Psychotherapy, a record of your visit is made. Typically this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your health or medical record and serves as the following:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which I can assess and continually work to improve the services rendered and the outcomes achieved.

Your Health Information Rights

Although your health record is the physical property of Mills Consulting & Psychotherapy, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations as well as request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Responsibilities of My Practice

Mills Consulting and Psychotherapy is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to my legal duties and privacy practices with respect to information I collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if I am unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Mills Consulting & Psychotherapy reserves the right to change its practices and to make the new provisions effective for all protected health information it maintains. Should my information practices change, you will be given a revised notice to the address you've supplied.

I will not use or disclose your health information without your authorization, except as described in this notice. I will also discontinue using or disclosing your health information after I have received a written revocation of the authorization according to the procedures included in the authorization.

Patient Bill of Rights

Consumers of services offered by Psychologists licensed by the State of Minnesota have the right:

1. to expect that the practitioner has met the minimal qualifications of training and experience required by state law.
2. to examine the public records maintained by the MN Board of Psychology, which contain the credentials of the practitioner.
3. to obtain a copy of the rules of conduct from the Minnesota Board of Psychology
4. to report complaints to the practitioner, and if not satisfactorily resolved, to file a complaint with the Minnesota Board of Psychology
5. to be informed of the cost of professional services before receiving the services.
6. to privacy as defined by rule and law. This means that no information will be released from the facility in which the practitioner works without the client's informed, written consent, except for the following:
 - a. The practitioner is required by law to report instances of abuse or neglect of a child or a vulnerable adult.
 - b. The practitioner is required by law and professional codes of ethics to notify proper persons and/or authorities if the practitioner believes there is a danger to a client or another identified person. The practitioner is required to report admitted prenatal exposure to harmful controlled substances.
 - c. In the event of a client's death, the spouse or parents of the deceased have a right to access the client's records. The practitioner must produce records or testimony in response to a Court Order and potentially to a subpoena.
 - d. Parents or legal guardians of a non-emancipated minor client have the right to access their child's records.
 - e. Case discussions with other staff through case management, consultation, testing, and treatment are confidential and are to be conducted as such by all staff.
7. to be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving psychological services.
8. to respectful, considerate, appropriate, and professional treatment.
9. to see information in his/her record upon request.
10. to be involved in the formulation of the treatment plan, the periodic review of plans and progress, and the formulation of the discharge plan.
11. to be informed of treatment options, expected outcome of treatment, expected length of treatment, and cost in language that he/she can understand.
12. to discuss needs, wants, concerns, and suggestions with the practitioner.
13. to be advised as quickly as possible if a scheduled appointment time couldn't be kept due to illness or emergency.

I have had the opportunity to review the Bill of Rights and the Health Information Privacy Practices Notice and I have been provided with a copy if requested.

Patient Signature: _____ **Date** _____

Parent/Guardian Signature: _____ **Date** _____