



## Stone Arch Psychology and Health Services

219 Southeast Main Street, Suite 400 Minneapolis MN, 55414

Phone 612.886.2524 Fax 612.886.2538

[www.stonearchpsych.com](http://www.stonearchpsych.com) [hello@stonearchpsych.org](mailto:hello@stonearchpsych.org)

## HIPAA Privacy Practices Notice

### Your Rights

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

#### Receive an electronic or paper copy of your medical record

- You can request to see or receive an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to amend your medical record

- You can ask us to amend health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way, for example: home or office phone, or to send mail or email to a different address.
- We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we have shared information

- You can ask for an accounting of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as any you asked us to make. We’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 obtain an electronic or paper copy of this notice from us at any time.

## Choose someone to act for you

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

## File a complaint if you feel your rights have been violated

- You can file a complaint if you feel we have violated your rights by contacting our HIPAA Compliance Officer. The contact information is available at the bottom of this page.
- 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 visit: [www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html)
- We will not retaliate against you for filing a complaint.

## Your Choices

**For all health information, you must inform us in writing stipulating with whom and what we share.** Our clinic does not share any information about you and your therapy with anyone at any time outside of our clinic staff without your written permission.

### The only exceptions to this rule are:

- If the client is a minor, therapy information is made available to that client's parent, or parents, or legal guardian, unless that information is protected from disclosure as mandated by state or federal laws.
- If your therapist determines that there is a serious and imminent threat to your health and/or safety, the appropriate authorities will be notified in accordance with state and federal laws.
- If your therapist determines that you pose a serious and imminent threat to other people's health and/or safety, the appropriate authorities will be notified in accordance with state and federal laws.

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

### To treat you

We can use and share your health information in consultation with health providers in our clinic. *Example: A therapist treating you asks another therapist on our staff for suggestions and insight into an issue or concern that you and your therapist are addressing together.*

### To run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage and enhance your treatment and services.*

### To bill for your services

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

### To help with public health and safety

We are required to share your information for public health and safety. We have to meet many conditions in the law before we can share your information for these purposes.

More information: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **To comply with the law**

We will share information about you if state or federal laws require it.

### **To address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- 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

### **To respond to lawsuits and legal actions**

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

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. More information: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Questions, Concerns or Complaints**

Please contact our HIPAA Compliance Officer: Christian Gustafson

Phone: 612-886-2524

Fax: 612-886-2538

Email: [compliance@stonearchpsych.org](mailto:compliance@stonearchpsych.org)

**Changes to the Terms of this Notice:** We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective Date of this Notice: April 1, 2023