

Notice of Privacy and Practices

(Patient's Copy)

Information about you is collected by Primrose Mental Health PLLC for the purpose of providing services to you, including assessment, medication management, psychotherapy, and/or other mental health treatment.

Protected health information (PHI) may only be released to or obtained from any individual or organization for which you have provided written authorization. Exceptions to this include:

- Office staff who may access your clinical record, or portions of it, on a need-to-know basis such as for billing, scheduling or prescription request purposes.
- Your insurance company, unless you have requested that claims are not submitted to your insurance for payment.
- Other agencies such as personnel from the Minnesota Department of Human Services, the U.S. Secretary of Health and Human Services, or his/her designated representative, County Community Services/Social Services staff if you are eligible for services paid through the county.
- We may share health information about you with business associates who are performing services on our behalf. For example, we contract with a company for medical management software. Our business associates are obligated to safeguard your health information.

There are some situations in which we may be legally required to share protected health information about you without your signed authorization:

- We are required by law to report suspected neglect, physical abuse, or sexual abuse of a child that has occurred in the past three years.
- We are required by law to report suspected maltreatment of vulnerable adults.
- We may report situations in which you are believed to be at risk of harming yourself or someone else in the immediate future.
- We may have to disclose information if required by a court order.

You have the following rights regarding protected health information about you:

- You have the right to request restrictions on certain uses and disclosures of your PHI, but we are not required to agree to a requested restriction.
- You have the right to receive confidential communications of your PHI.
- You have the right to inspect and receive a copy of your PHI about you contained in your clinical record. To do so, contact us at Primrose Mental Health PLLC. A fee may apply for paper copies of the information.
- You have the right to amend, or request changes in your PHI.
- You have the right to receive a record of disclosures of your PHI.

Primrose Mental Health has the following duties regarding protected health information:

- We are required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices concerning protected health information.
- We are required to abide by the terms of this notice.
- We reserve the right to change the terms of this notice whenever necessary and to make the provisions of the new notice effective for all protected health information that we maintain.

If you believe your privacy rights have been violated, you are encouraged to file a complaint with Primrose Mental Health PLLC and/or to the Minnesota Secretary of Health. Primrose Mental Health PLLC will not retaliate against you if you choose to file a complaint. If you have any questions about our policies and procedures regarding our uses and disclosures of private information, please contact us.

Click here for the summary of HIPAA privacy rule <https://www.hhs.gov/hipaa/for-individuals/index.html>

Notice of Privacy Practice (Clinic's copy)

I understand that any and all records, whether written, oral or in electronic format, are confidential and cannot be disclosed without any prior written authorization, except as otherwise provided by law.

I have been provided a copy and have read Primrose Mental Health HIPAA Notice of Privacy Practices.

Client Signature or Legal Representative _____

Legal Representative Name _____

Date: _____