



Murray Counseling, PLLC  
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## NOTICE OF PRIVACY PRACTICES HIPAA and State Law and Client Privacy Statement

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health condition and related health care services is referred to as **PROTECTED HEALTH INFORMATION (PHI)**. This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**, regulations promulgated under HIPAA Privacy and Security Rules. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website at [Murraycounseling.com](http://Murraycounseling.com), sending a copy to you in the mail upon request or providing one to you at your next appointment.

### HOW MURRAY COUNSELING PROTECTS YOUR PHI

Except as described in this Notice or specified by law, we will not use or disclose your PHI. We will use reasonable efforts to request, use and disclose the minimum amount of PHI necessary.

Whenever possible, we will de-identify or encrypt your personal information so that you cannot be personally identified. We have put physical, electronic, and procedural safeguards in place to protect your PHI and comply with federal and state laws.

## YOUR RIGHTS

### YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI

**OBTAIN A COPY OF THIS NOTICE.** You may obtain a copy of this notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy.

**REQUEST RESTRICTIONS.** You may ask us not to use or disclose any part of your PHI. Your request must be in writing and include what restrictions you want and to whom you want the restrictions to apply. This includes the right to restrict disclosures of PHI to Health Insurance companies when the services provided are paid for in full out of pocket. We will review and grant reasonable request with respect to, and within the limits of, state and federal law.

**INSPECT AND COPY.** You have the right to inspect and get a copy of your PHI for as long as we maintain the information. You must put your request in writing. We may charge you for the cost of copying, mailing, or other supplies that are necessary to grant your request.

We do have the right to deny your request to inspect and copy. If you are denied access, you may ask us to review the denial.

**REQUEST AMENDMENT.** If you feel that your PHI is incomplete or incorrect, you may ask us to amend it. You may ask for an amendment for as long as we maintain the information. Your request must be in writing, and you must include a reason that supports your request.

In certain cases, we may deny your request. If we deny your request for amendment, you have the right to submit a statement of disagreement with our decision to be placed on file with your records.

**RECEIVE A LIST (AN ACCOUNTING) OF DISCLOSURES.** You have the right to receive a list of disclosures (an accounting) that we have made on your PHI on or after January 1, 2018.

The list will not include disclosures that we are not required to track, such as disclosures for the purposes of treatment, payment, or health care operations; disclosures which you have authorized us to make, disclosures made directly to you or to friends, or family members involved in your care, or disclosures for notification purposes.

Your right to receive a list of disclosures may also be subject to other exceptions, restrictions, and limitations.

Your request for an accounting must be made in writing and state the time period for which you would like us to list the disclosures. We will not include disclosures made more than six years prior to the date of your request, or disclosures made prior to January 1, 2018.

You will not be charged for the first disclosure list that you request, but you may be charged for additional lists provided with the same 12 month period as the first.

**REQUEST CONFIDENTIAL INFORMATION.** You may ask us to communicate with you using alternative means or alternative locations. For example, you may ask us to contact you about medical records only in writing or at a different address than the one in your file. Your request must be made in writing and state how and when you would like to be contacted.

You do not have to tell us why you are making the request, but we may require you to make special arrangements for payment or other communications.

We will review and grant reasonable requests, with respect to and within the limits of state and federal law.

**SPECIAL RULES FOR PSYCHOTHERAPY NOTES.** Only psychotherapy notes collected by a psychotherapist during a counseling sessions are considered PHI. If those notes are kept separate from the client's medical records. HIPAA requires that they be treated with higher standards or protection than other PHI.

**NOTIFICATION.** You have a right to be notified if your PHI is impermissibly released or disclosed due to a breach including theft, loss, or other form of disclosure.

Murray Counseling will attempt to contact all affected individuals in the event of a breach at their last known address or contact number.

## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

**FOR TREATMENT.** To provide, coordinate, or manage health care and related services for you to make sure you are receiving appropriate and effective care. For example, we may contact you to provide appointment reminders, information about treatment alternatives, or to refer you to other health-related benefits and services that may be interest to you. Or we might contact another health care provider or third party to share information or consult with them about the services we are providing to you.

**FOR PAYMENT.** To obtain payment or reimbursement for services provided to you. For example, we may need to disclose PHI to determine eligibility for treatment or claims payment.

**HEALTH CARE OPERATIONS.** To assist in carrying out administrative, financial, legal and quality improvement activities necessary to run our business and to support the core functions of treatment and payment.

**BUSINESS ASSOCIATES.** Our business associates perform some health care administration and operation activities for us. Examples of our business associates include our billing service and claims administrators. We may disclose PHI to our business associates so that they can perform the job we have asked them to do.

We require our business associates to sign agreements that limit how they use and disclose PHI. In addition, business associates are required by law to comply

with many HIPAA regulations and requirements regarding the use and protection of your PHI.

**HEALTH PLAN SPONSOR.** We may disclose PHI to a group health plan administrator, which may, in turn, disclose such PHI to the group health plan sponsor, solely for purposes of administering benefits provided by Murray Counseling.

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE.** We may disclose your PHI to a family member, other relative, close personal friend, or any person you identify, who is, based on your judgement, believed to be involved in your care or in payment related to your care.

**AS REQUIRED BY LAW.** We must disclose PHI about you when required to do so by law.

**LESS COMMON REASONS FOR OUR USE AND DISCLOSURE OF PHI INCLUDE:**

**LEGAL PROCEEDINGS.** We may disclose PHI for a judicial or administrative proceeding in response to a court order, written notice, or protective order.

Murray Counseling will not release PHI pursuant to a subpoena without a properly completed release of information authorizing Murray Counseling.

**TO AVERT SERIOUS THREAT TO PUBLIC HEALTH AND SAFETY.** We may disclose PHI to avoid a serious and imminent threat to your health or safety or to the health or safety of others.

**MILITARY OR NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES.** We may disclose PHI to armed forces personnel under certain circumstances and to authorized federal officials for national security and intelligence activities, including protective services for the President and other Heads of State.

**TO PROVIDE REMINDERS AND BENEFITS INFORMATION TO YOU.** Disclosures may be used to verify your eligibility for health care and enrollment in various health plans and to assist us in coordinating benefits for those who have other health insurance or eligibility for government benefit programs.

**FOOD AND DRUG ADMINISTRATION.** We may disclose PHI to a person or company required by the FDA to report adverse events or product defects or problems, track products, enable product recalls, make repairs or replacements, monitor post marketing as required.

**PUBLIC HEALTH.** We may disclose PHI to a public health authority that is permitted by law to receive the information for public health activities. This disclosure might be necessary to prevent or control disease, injury, or disability.

**ABUSE OR NEGLECT.** We may make disclosures to government authorities or social service agencies as required by law in the reporting of abuse, neglect, or domestic violence.

**TO GOVERNMENT AGENCIES FOR COMPLIANCE PURPOSES.** We may use or disclose PHI to the Secretary of Health or Human Services to assist with a complaint investigation or compliance review.

**CORRECTIONAL FACILITY.** We may use or disclose PHI as authorized by law, if you are an inmate of a correctional facility.

**LAW ENFORCEMENT.** We may disclose PHI to law enforcement officials for the purpose of identifying or locating a suspect, witness, or missing person, or to provide information about victims of crimes.

#### **YOUR WRITTEN PERMISSION**

We are required to get your written permission (authorization) before using or disclosing your PHI for purposes other than those provided above, or as otherwise permitted or required by law. If you do not want to authorize a specific request for disclosure, you may refuse to do so without fear of reprisal.

#### **YOU MAY WITHDRAW YOUR PERMISSION**

If you do provide your written authorization and then later want to withdraw it, you may do so in writing at any time. As soon as we receive your written revocation, we will stop using or disclosing your the PHI specified in your original authorization, except to the extent that we have already used it based on your it based on your written permission.

#### **YOU MAY FILE A COMPLAINT**

If you believe your privacy rights have been violated, you can file a complaint with Murray Counseling at Secretary of Health and Human Services at 200 Independence Avenue, SW. Washington, DC 20201 or by calling (202) 619-0257. We will not retaliate against you for filing a complaint.

#### **DATA PRIVACY**

##### **WHY DO WE ASK FOR INFORMATION?**

We ask for information from you to determine what service or help you need, develop a service plan with you, and give you the services you want.

The information may also be used to determine your charges for services or for collection of payment from insurance companies or other payment sources.

##### **DO YOU HAVE TO GIVE INFORMATION TO US?**

There is no law that says you must give us any information. However, if you choose to not give us some information, it can limit our ability to serve you well.

##### **WHAT WILL HAPPEN IF YOU DO NOT ANSWER THE QUESTIONS WE ASK?**

If you are here because of a court order, and you refuse to provide information, that refusal may be communicated to the court.

Without certain information, we may not be able to tell who should pay for your services.

#### WHAT RIGHT DO MINORS HAVE?

If you are under 18, you may request that information about you be kept from your parents. You must give us your request in writing, describe the information, and tell us why you don't want your parents to see it.

If, after reviewing your request, Murray Counseling staff believe this information could be safely shared with your parents, we will inform you of that decision.

If you are at least 16, you may ask for mental health services without the consent of your parents, but you may have to pay for the services if you do not want your parents to know.