



Northland Behavioral Health & Wellness Notice of Privacy Practices (HIPAA Policy)

Effective Date:

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

This office is required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices described. Information is only released in accordance with state and federal laws, and with professional standards.

Northland Behavioral Health & Wellness may change the information practices at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time.

I. Preamble

This Notice of Privacy Practices describes how Northland Behavioral Health & Wellness may use and disclosed your protected health information to carry out treatment, payment, health care operations, and for other purposes that are permitted or require by federal and state health information privacy laws. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that identifies you and relates to your past, present, or future mental health and related health care services or payment for such services.

II. Uses and Disclosures of Protected Health Information (PHI) for the Purposes of Providing Services

Northland Behavioral Health & Wellness may use personal health information (PHI) about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. This office may use or disclose identifiable PHI about you without your authorization for several other reasons. Subject to certain requirements, we may give out PHI without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. This office provides information when otherwise required by law, such as mandated reporting, or for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing PHI, which can later be revoked to stop any further disclosures.

Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes. Disclosures refer to activities you authorize such as the sending of your PHI to other parties (i.e., your insurance company).

Initial

Treatment refers to activities or sessions provided related to your mental health care, such as providing, managing, or coordinating care, consultations, or providing referrals.

Payment is when Northland Behavioral Health & Wellness obtains reimbursement for your mental health care or other services related to your care.

Health care operations are activities related to performances such as quality assurance. The use of your PHI refers to activities conducted for scheduling appointments, keeping records, and other tasks related to your care.

III. Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

By law, PHI may be released without your consent or authorization under the following conditions:

- Suspected or known child abuse or neglect.
- Suspected or known sexual abuse of a child.
- Suspected or known elder abuse or neglect.
- Judicial or administrative proceedings.
- Serious threat to health or safety to others or self.

IV. Individual Rights Related to PHI

In most cases, you have the right to review PHI that we use to make decisions about you and your treatment. If you request a copy, this office will charge an amount per page not to exceed legal limits, to make those copies. You also have a right to request a list of instances where your PHI was disclosed for reasons other than treatment, payment, or related administrative purposes. If you believe the information in your record is incorrect or if important information is missing, you have the right to request that we correct the information or add the missing information.

V. Complaints

If you are concerned that your privacy rights have been violated, or you disagree with a decision made about access to your records, you may contact the agency below.

US Dept. of Health and Human Services
200 Independence Avenue S.W.
Washington, DC 20201
Telephone: 202.619.0257
Toll Free: 1.877.696.6775

Please sign and date this form below to acknowledge that you have familiarized yourself with Confidentiality / HIPAA Practices:

I _____,
(Parent / Guardian if a minor), have been provided a copy of the Notice of Privacy Practices.

My signature below indicates that I had the opportunity to review this document prior to signing it.

Patient Signature

Date

Therapist Signature

Date

Initial