

# Center for Change

*Psychotherapy Services by Barb O'Brien, M.Ed., LICSW*

## Notice of Privacy Practices

### *Health Insurance Portability and Accountability Act (HIPAA)*

This document contains information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law enacted to provide privacy protections and patient rights with regard to his/her personal medical and psychological health information. Please read this document carefully. Please ask me if you have any questions or concerns about my procedures or your rights.

#### **Uses and Disclosures of Your Protected Health Information for Treatment**

Information contained in your therapy file is confidential and protected to the best of our ability. I can only disclose your personal information with your express written consent. The confidential, protected information in your file is used to help provide treatment (the therapy and other services you receive). This information is also used to assess and improve the overall quality of the services I provide. With your written consent, I may disclose confidential information in your file to other people outside of my practice who may be involved in your treatment. For example, such disclosure might occur when you give permission for me to consult with another health care provider like your physician or another mental health professional. All authorizations to disclose confidential, protected information from your file must be obtained on a specific and legally required form.

#### **Other uses/Disclosures Requiring Your Written Authorization**

Use or disclosure of the confidential, protected information in your therapy file for purposes other than those just described, can only occur if I obtain your express written consent. For example, if you would like me to disclose some information pertaining to your therapy treatment to another family member, you must give me written consent on a specific and legally required form. I cannot release any information without written consent.

#### **Revoking Authorization for the Release of Information**

You may revoke a written authorization to use or disclose protected information in your therapy file at any time, provided your revocation is documented in writing. However, you may not revoke your authorization if; 1) I have already relied on that authorization to use or disclose your protected therapy information; 2) If you provided the authorization as a condition of obtaining insurance coverage – in this case, the law gives the insurer the right to contest a claim under the policy.

#### **Uses/Disclosures without Authorization**

I may use or disclose confidential, protected information from your therapy file WITHOUT your consent in the following circumstances:

1. Serious Threat to Health or Safety – If I believe that you present a clear and imminent risk of serious physical harm to another person; I may disclose any necessary information to help protect the threatened individual. If I believe there is a clear and imminent risk that you will physically harm yourself; I may disclose any necessary information to seek hospitalization or other treatment for you, or to contact any person involved in your protection (ex. Parent/guardian).
2. Abuse of a Child or Vulnerable – If I reasonably believe that a child or vulnerable adult is being abused or neglected, the law requires that I file a report with the appropriate authorities.

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3. Judicial and Administrative Proceedings – If you are involved in a judicial proceeding and a court order has been issued for specific information from your therapy file or information about the services you are receiving, I just provide that information.
4. Health Oversight Activities – If a government health agency or authority, such as one of the boards that licenses mental health professions in Minnesota, requests information about your treatment here, I am required to provide the specific information under certain circumstances (ex. Misconduct investigations).
5. Worker's Compensation Claims – If you file a worker's compensation claim I must provide any requested information concerning your physical or mental health condition relative to the claim.
6. Complaints or Lawsuits – If you file a complaint or lawsuit against me, I must provide any requested information, or an information relating to the therapist's defense of herself.

## **Client's Rights**

*Right to request restrictions:* You have the right to request restrictions on certain uses and disclosures of your protected information. However, I am not required to agree to a restriction you request.

*Right to receive confidential communication by alternative means and at alternative locations:* You have the right to request and receive any confidential communications from me by alternative means and at alternative locations.

*Right to inspect and copy:* You have the right to inspect or obtain a copy of your therapy file at any time upon request. I may deny your request under certain circumstances, but in some cases you may have this decision reviewed. Upon your request, I will discuss with you the details of the request and denial process. (Copy fees may apply).

*Right to amend:* You have the right to request to amend information in your therapy file for as long as your file is maintained by me, however, I may deny your request.

*Right to an accounting:* Generally, you have the right to receive an accounting of disclosures of any information in your therapy file. Upon your request, I will discuss with you the accounting process.

*Right to a paper copy:* You have the right to request a paper copy of this notice at any time upon request. You will also be given a copy at your first meeting.

## **Therapist's Duties**

1. I am required by law to maintain the privacy of protected information in your therapy file, and to provide you with a notice of the legal duties and privacy practices of my office.
2. I reserve the right to change the privacy policies and practices described in this document at any time. Unless I notify you of such changes, I am required to abide by the terms currently in effect.
3. If I revise the policies and practices regarding privacy while you are currently involved in therapy, I will give you a revised notice in person or by mail. The notice will be posted in my office. You may check the current version at this site at any time either during your therapeutic treatment or after termination of therapy.

## **Complaint Procedure**

If you disagree with the decision I have made regarding your access to your therapy file, or if you have any questions about your privacy rights, you may contact Barb O'Brien at (763) 242-4519. If you believe your privacy rights have been violated, and wish to file a complaint, you may do so with the Minnesota Board of Social Work. You may also send a written complaint to the Secretary of the U.S. Dept. of Health and Human Services. You have specific rights under the HIPAA Privacy Rule. I understand these rights and will not retaliate against you for exercising your right to file a complaint.

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CLIENT ACKNOWLEDGEMENT OF RECEIPT  
of  
NOTICE OF PRIVACY PRACTICES

**I acknowledge by signature below, that I have received a copy of the Center for Change Notice of Privacy Practices (“Notice”). I also, acknowledge the Center for Change, as part of its good faith effort to promote my understanding of this Notice, has requested my thorough review and understanding of this Notice. I know that I can contact the Privacy Officer at Center for Change if I have any questions or requests regarding this Notice or my rights in respect to the use of my Protected Health Information (PHI).**

\_\_\_\_\_  
Print Name of Client or Representative

\_\_\_\_\_  
Signature of Client or Representative

\_\_\_\_\_  
Date of Signature

Attention regarding Use: Form to be filed in records maintained by Center for Change for Client.