



# VANGUARD

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## HIPPA RIGHTS

*(If you would like a copy, please ask)*

### PRIVACY PRACTICES

The following paragraphs outline how the Federal Health Insurance Portability and Accountability Act of 1996 (HIPPA) legislation affects how records are kept and managed. The services you are receiving here concern your psychological status. This notice explains how, when, and why your provider may use and/or disclose your records which are known under the HIPPA legislations as "Protected Health Information" (PHI).

### SAFEGUARDS GOVERNING YOUR PROTECTED HEALTH INFORMATION

If you are receiving any type of Psychotherapy service, your PHI is typically limited to basic billing information placed in a file in your provider's office and also on a computerized software program known as Practice Point Manager. Only the clinic staff(s) and your provider have access to that program which contains only relevant billing information. Clinical notes taken after sessions are known as Psychotherapy Notes and are not part of your PHI. Except in unusual emergency situations, such as child abuse, homicidal, or suicidal intention, your PHI will only be released with your specific authorization.

### HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED OR DISCLOSED

In accordance with the HIPPA Act and its Privacy Rule (Rule), your PHI may be used and disclosed for a variety of reasons. Again, however, every effort is made to prevent its dissemination. Your provider is permitted to use and/or disclose your PHI for the purposes of treatment, to obtain payment for services you receive, and for normal healthcare operations. For most other users and/or disclosures of your PHI, you will be asked to grant your permission via a signed authorization which is a separate form. However, the Rule allows for certain specified uses and/or disclosures of your PHI.

- A. Uses and/or disclosures related to your treatment (T), the payment for services you receive (P), or for healthcare operations (O):
  1. For Treatment (T): Use and/or disclose your PHI with psychologists, psychiatrists, physicians, nurses, and other health care personnel involved in providing health care services to you – but only with your specific authorization.
  2. For Payment (P): Use and/or disclose your PHI for billing and collections activities.
  3. For Health Care Operations (O): Use and/or disclose your PHI in the course of operating the various business functions of your provider's office.
  
- B. Use and/or disclosures not requiring your authorization.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)**

The HIPPA Privacy Rule grants you each of the following individual rights:

- A. In general, you have the right to view your PHI that is in your provider's possession or to obtain copies of it. You must request it in writing. You will receive a response from your provider within 30 days of receiving your written request. Under certain circumstances, such as if your provider fears the information may be harmful to you, he/she may deny your request. If your request is denied, you will be given in writing the reasons for the denial. Your provider will also explain your right to have his/her denial reviewed.
- B. You have the right to ask that your provider limit how he/she uses and discloses your PHI. While she will consider your request, he/she is not legally bound to agree.
- C. It is your right to ask that your PHI be sent to you at an alternate address or by an alternate method, e.g. email. Your provider is obliged to agree to your request providing that he/she can give you the PHI in the format you requested without undue inconvenience.
- D. You are entitled to a list of disclosures of your PHI that your provider has made.
- E. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that your provider correct the existing information.
- F. You have the right to get this notice by email. You have the right to request a paper copy of it as well.

## **HOW TO COMPLAIN ABOUT THESE PRIVACY PRACTICES**

If you believe that your provider may have violated your individual privacy rights, or if you object to a decision he/she made about access to your PHI, you are entitled to file a complaint by submitting a written complaint to him/her. Your written complaint must name the person or entity that is the subject of your complaint and describe the acts and/or omissions you believe to be in violation of the Rule or the provisions outlined in our Notice of Privacy Practices. If you prefer, you may file your written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C., 20201. However, any complaint you file must be received by your provider, or filed with the Secretary, within 180 days of when you knew, or should have known, the act or omission occurred. Your provider will take no retaliatory act against you if you make such complaints.