

**Notice of Privacy Practices**  
**Privacy Office: Abby Swandal**  
**(612-491-6158)**

**Effective Date: September 1<sup>st</sup>, 2023**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This form is available on my website.

We understand the importance of protecting your health information and are committed to your confidentiality. To do this, we comply with laws and regulations that require health information that identifies you to be kept confidential. We are required by law to provide you with a notice of our legal duties and privacy practices regarding your protected health information (PHI). This document discusses how we may use and disclose your PHI, your rights about your PHI, and disclosures that *require* and *don't require* your consent. If you have questions, please contact our Privacy Officer listed above.

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**I. Uses and Disclosures that Require your Authorization**

This medical practice collects health information from you and stores this information in an electronic health record. The medical record is the property of this practice, however the information in your specific medical record belongs to you. Generally, we will only disclose your PHI when you give us authorization to do so in writing.

**II. Uses and Disclosures that Don't Require your Authorization**

The HIPAA laws let us use and disclose some of your PHI without getting your consent or authorization in some cases. Here are some examples of when we might do this. We will almost always notify you if any of these situations occur.

*A. Treatment:*

This includes but is not limited to diagnosis, treatment planning and discharge referrals/plans. For example, we may share PHI with a psychiatrist or pharmacist who performs a service that we do not provide. We may also disclose PHI to members of your family who can help you when you are sick, injured, or upon your death.

*B. Payment:*

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 901 Twelve Oaks Center Drive #926D, Wayzata, MN, 55391

We may use and disclose PHI so that the services you receive may be billed and payment can be collected by you or a third party.

*C. Health Care Operations:*

For example, we may use and disclose PHI to evaluate and improve the quality of care we provide, or the competence and qualifications of members of this practice. At certain points, we may hire outside parties to help us carry out certain health care operations such as computer maintenance or accounting or may be involved in an audit. If these parties have access to your PHI, we will require they appropriately safeguard your information. This is not an exhaustive list of examples of PHI used in health care operations, merely examples of what this may entail.

*D. Health Oversight Agencies:*

We may disclose your PHI when compelled by a health oversight agency. This includes, but is not limited to, audits, investigations, licensure and/or disciplinary action. The Minnesota Board of Marriage and Family Therapy is an example of this type of agency.

*E. Appointment Reminders:*

We may use and disclose medical information to contact and remind you about appointments. If you do not answer, we may leave a message on your voicemail. Please inform me of the method of contact you feel most comfortable and protected by (voicemail or email).

*F. Required by Law*

Child Abuse or Maltreatment of Vulnerable Adults, or Public Health and Safety Concern. Examples of public health and safety concerns are: Preventing or controlling certain diseases, disease and infection concerns, or preventing threat to a particular person or parties.

*G. Law Enforcement Purposes*

Complying with a court order, warrant, grand jury subpoena, and other law purposes.

*H. Coroners and Death:*

Often required by law, we may disclose your PHI to coroners/medical examiners to assist in their investigations of death.

*I. Authorized Representatives:*

We may disclose your health information to a person appointed by court to represent you and/or your interests.

### **III. Your PHI Rights**

**1. Right to Request Special Privacy Protections:**

You have the right to request restrictions on certain disclosures of your PHI. You must submit a written request specifying what information you want limited. We reserve the right to reject any request and will notify you of our decision. If we do agree, we will maintain a written record of the restriction.

**2. Right to Request Confidential Communications:**

We will communicate with you through the phone number, address, and email address you provide to us. You may provide us with a written request of alternative accommodations.

**3. Right to Inspect and Copy:**

You have the right to inspect and copy your health information with certain exceptions. This pertains to PHI in clinical and billing records. Your request must be in writing, and may be subject to fees

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related to labor, supplies, postage, and potentially preparing an explanation/summary. This does not include psychotherapy notes, which mean notes by a mental health professional documenting and analyzing contents during a therapy session. They are kept separate from the contents of the client's official medical record. There are certain circumstances in which we are not required to comply with this request. If that is the case, we will notify you in writing and describe your right to review this denial.

4. Right to Amend or Supplement:

If you believe your health information is incorrect, you can submit a formal request in writing to have this amended. We are not required to amend and will provide details around the denial and disputing it.

5. Right to an Accounting of Disclosures:

You have a right to receive an accounting of the disclosures of protected health information. We are permitted to deny this, and as such would provide a written denial and details around disputing it.

6. Right to a Paper or Electronic Copy of this Notice:

You have the right to request and receive a paper copy of this Notice at any time. You will be provided a copy of this Notice upon starting services via email (if therapy is scheduled virtually) or in person.

#### **IV. Effective Date and Right to Change this Notice**

This notice is effective as of 09/01/2023. We reserve the right to amend the terms of this notice and/or my privacy practices. Until that amendment is made, we will comply to the terms of this notice, and are legally obligated to do so. Once an amendment has been made, the new policy will apply to all PHI we maintain, regardless of when it was created or received. A current notice will be posted on our website, as well as available in office.

1. Complaints

Complaints about this Notice of Privacy Practices or how this practice handles your PHI can be directed to our Privacy Officer, Abby Swandal. A complaint can be filed in writing that specifies the manner of the violation, date, and any details you deem are important and relevant to the issue at hand. There will be no retaliation from this medical practice should you decide to file a complaint to the Privacy Officer, or the Secretary (information listed below to contact the Secretary).

In the event you are not satisfied with how the Privacy Officer handles your complaint, you can submit a formal complaint using the following link:

<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>