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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY, AND SIGN THE ATTACHED FORM ACKNOWLEDGING RECEIPT OF THIS NOTICE.

I am required by applicable state and federal law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). I must follow the privacy practices that are described in the Notice. For additional information about my privacy practices, or for additional copies of this Notice, please contact me directly – also refer to Section II G of this Notice.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Permissible Uses and Disclosures Without Your Written Authorization

*I may use and disclose PHI without your written authorization, excluding Psychotherapy Notes as described in Section II, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under state and federal law.

1. **Treatment:** I may use and disclose PHI in order to provide treatment to you. For example, I may use PHI to diagnose and provide counseling services to you. In addition, I may disclose PHI to *other health care providers involved in your treatment*.
2. **Payment:** I may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. For example, I may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services.
3. **Health Care Operations:** I may use or disclose PHI in connection with our health care operations, including quality improvement activities, training programs, accreditation, certification, licensing, or credentialing activities.
4. **Required or Permitted by Law:** I may use or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that a client is a possible victim of abuse, neglect, domestic violence, or the intended victim of other crimes. In addition, I may disclose PHI to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.

State law requires me to obtain your authorization to disclose PHI for payment purposes.

B. Uses and Disclosures Requiring Your Written Authorization

1. **Psychotherapy Notes:** Notes recorded by me documenting the contents of a counseling session with the client ("Psychotherapy Notes") will be used only by

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me and will not otherwise be used or disclosed without specific written authorization.

2. **Marketing Communications:** I will not use your PHI for marketing communications under any circumstance.
3. **Other Uses and Disclosures:** Uses and disclosures other than those described in Section I A above will be made only with written authorization. For example, a client or guardian will need to sign an authorization form before I can send PHI to an insurance company, school, physician, former mental health provider, or attorney. The authorization may be revoked at any time.

II. YOUR INDIVIDUAL RIGHTS

- A. **Right to Inspect and Copy.** You may request access to your medical records and billing records maintained by me for inspection, and you may request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the costs of copying and sending you records. If you are a parent or legal guardian or a minor who has received treatment, please note that certain portions of the minor's medical record will not be accessible to you. For example, records related to chemical use/abuse may not be released without the minor's written permission.
- B. **Right to Alternative Communications.** You may request, and I will accommodate, any reasonable written request from you to receive PHI by alternative means of communication or at alternative locations.
- C. **Right to Request Restrictions.** You have the right to request a restriction on PHI used for disclosure for treatment, payment, or health care operations. You must request any such restriction in writing addressed to me. I am not required to agree to any such restriction you may request.
- D. **Right to Accounting of Disclosures.** Upon written request, you may obtain an accounting of certain disclosures of PHI made by me after April 13, 2003. This right applies to disclosures for purposes other than treatment, payment, or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.
- E. **Right to Request Amendment.** You have the right to request that I amend your health information. Your request must be in writing, and it must explain your reasons for the proposed changes.
- F. **Right to Obtain Notice.** You have the right to obtain a paper copy of this Notice by submitting a request to me at any time.
- G. **Questions and Complaints.** If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact me regarding this. You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint with the Director or with me.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

- A. **Effective Date.** This Notice is effective April 14, 2003.
- B. **Changes to this Notice.** I may change the terms of this Notice at any time. If I change this Notice, I may make the new terms effective for all PHI that I maintain, including any information created or received prior to issuing a new Notice. If I change this Notice, I will post the revised Notice in the waiting area of my office.