

## Notice of Privacy Practices

NORTH HOMES, INC.

EFFECTIVE DATE OF THIS NOTICE: 09-01-13

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

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### Our Pledge And Legal Duty To Protect Health Information About You.

The privacy of your health information is important to us. We are required by federal and state laws to protect the privacy of your health information. We must give you notice of our legal duties and privacy practices concerning your health information, including:

- We must protect information that we have created, received, transmitted or stored about your past, present, or future health condition, health care we provide to you, or payment for your health care.
- We must notify you about how we protect your health information.
- We must explain how, when and why we use or disclose your health information.
- You have the right to be notified following a breach of your unsecured health information.
- Most uses of and disclosures of health information for marketing purposes will require your authorization.
- Most uses or disclosures of psychotherapy notes will require your authorization.
- We may only use or disclose your health information as we have described in this Notice.

We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all health information that we maintain. We will post a revised Notice in our offices and make copies available to you upon request.

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### USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

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There are a number of purposes for which it may be necessary for us to use or disclose your health information. For some of these purposes, we are required to obtain your consent. In other specific instances, we may be required to obtain your individual authorization. And in a limited number of circumstances, we will be authorized by Law to disclose your health information without your consent or authorization. Following is a description of these uses and disclosures.

#### A. Uses and Disclosures of Your Health Information for Purposes of Treatment, Payment and Health Care Operations.

- **Health Care Treatment.** We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may disclose health information to doctors, nurses, teachers, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.
- **Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.
- **Payment.** We may use or disclose your health information to bill and collect payment for the treatment and services provided to you. For example: A bill may be sent to you or a third party payer. The information on, or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.
- **Health Care Operations.** We may use or disclose health information about you to allow us to perform business functions. For example, we may use your health information to help us train new staff and conduct quality improvement activities. We may also disclose your information to consultants and other business associates who help us with these functions (for example, billing, computer support and transcription services).
- **Fundraising.** As part of our health care operations, we may use or disclose your demographic information and dates of treatment to contact you to raise money for our organization.

Minnesota Patient Consent for Disclosures.

**Health Care Operations.** We may use and disclose health information about you to operate this practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your health information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

**Appointment Reminders.** We may use and disclose health information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

**Sign In Sheet.** We may use and disclose health information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

**Notification and Communication With Family.** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**Marketing.** Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your health

information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

**Sale of Health Information.** We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

**Required by Law.** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

**Public Health.** We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

**Health Oversight Activities.** We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.

**Judicial and Administrative Proceedings.** We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

**Law Enforcement.** We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

**Coroners.** We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

**Public Safety.** We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

**Specialized Government Functions.** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

**Workers' Compensation.** We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

**Change of Ownership.** In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

**Breach Notification.** In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

**Psychotherapy Notes.** We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

**Fundraising.** We may use or disclose your demographic information in order to contact you for our fundraising activities. For example, we may use the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status to identify individuals that may be interested in participating in fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices and we will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

#### **When We May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## Your Health Information Rights

**Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

**Right to Request Confidential Communications.** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

**Right to Inspect and Copy.** You have the right to inspect and copy your health information, with limited exceptions. To access your health information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

**Right to Amend or Supplement.** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

**Right to an Accounting of Disclosures.** You have a right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. Your request should be in writing to the Compliance Officer.

**Right to a Paper or Electronic Copy of this Notice.** You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

#### Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website at [www.northhomes.org](http://www.northhomes.org).

#### Complaints

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Compliance Officer. If you are concerned that your privacy rights have been violated, you may file a complaint with our Compliance Officer. You may also submit a written complaint online to the U.S. Department of Health and Human Services at [www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf).

#### Compliance / Privacy Contract Information

Laurie A. Meyer  
Corporate Compliance Officer

North Homes, Inc.  
North Homes Children and Family Services  
1880 River Road  
Grand Rapids, MN 55744

218-322-4108 (phone)  
218-327-1871 (fax)  
1-888-430-3055 (toll free)

## Rules and Exemptions of Confidentiality and Data Privacy

The policy of North Homes, Inc. regarding the provision of psychotherapy services is to keep all personal information private within the guidelines of federal and state law. The only individuals who will ordinarily have access to client information and records are those whose job responsibilities involve peer consultation, clinical supervision, transcription, record maintenance, utilization review, quality assurance/improvement, and working with third party payers. Personal information provided by clients is used for the purposes of determining treatment needs, developing treatment plans, coordinating client care with other professionals and communicating with third party payers.

There are some situations that qualify as exemptions to rules of confidentiality and data privacy (Tennessee Notice). They are:

- If a client threatens to harm him/herself and the therapist believes there is an imminent risk of the client actually doing so, the therapist is required by law to notify public authorities in order to maintain the individual's safety and to help the individual obtain proper treatment.
- If a client threatens to harm someone else and the therapist determines there is an imminent risk of the client actually doing so, the therapist is required by law to inform the intended victim and public authorities in order to try to maintain other's personal safety.
- If a client who is under the age of 18 years discloses information that the therapist determines needs to be reported to parents, guardians of public authorities in order to effectively intervene or to otherwise maintain the individual's well being, the therapist will do so.
- If a client discloses information concerning the physical or sexual abuse of a minor or vulnerable adult, either by the client or by another individual, the therapist is required by law to report such information to the appropriate governmental or human service agency/authority.
- If a client discloses information concerning the unethical conduct of another therapist, the treating therapist is required by law to disclose such information to the proper authorities.

If the client is required by law or court order to receive evaluation or treatment, resulting clinical information will be disclosed to the appropriate agencies and/or authorities in order to fulfill the order and/or to accomplish/maintain coordination of care.

If a subpoena or court order requests the disclosure of personal or clinical information, the physician/therapist is required by law to provide such information in either written or verbal format.

## Client Bill of Rights

Clients receiving psychotherapy services in the state of Minnesota, have the following rights:

- To expect the treating therapist has met the minimum qualifications of training and experience required by law.
- To examine public records maintained by accrediting boards and agencies regarding the credentials of the therapist.
- To obtain a copy of the rules of conduct from the State Register and Public Documents Division, Department of Administration, 117 University Avenue, St. Paul, MN, 55155.
- To report complaints to the Minnesota Board of Psychology, 2700 University Avenue West, St. Paul, MN, 55114-1095.
- To be informed of the cost of professional services before receiving services.
- To privacy, within established rules and exemptions of confidentiality and data privacy.
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving psychiatric and/or psychological services.

- To be free from harassment or exploitation for the benefit or advantage of the physician or psychologist.
- To have access to your records as provided in Minnesota Statutes, Sec. 144.335, sub. Division 2.
- To participate in the development of your individual plan of treatment and to have the plan reviewed and updated, at minimum, every 90 days.
- To receive the least restrictive level of treatment necessary to effectively treat your condition.

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#### QUESTIONS OR COMPLAINTS

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If you want more information about our privacy practices or have questions or concerns, please contact our Privacy Office. If you are concerned that your privacy rights have been violated, you may file a complaint with our Privacy Office. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

#### Privacy Office Contact Information

Laurie A. Meyer  
Corporate Compliance Officer

North Homes, Inc.

1880 River Road  
Grand Rapids, MN 55744

218-327-3000 (phone)  
218-327-1871 (fax)  
1-888-430-3055 (toll free)