



## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can gain access to this information.

### **Please review it carefully.**

Before you volunteer information, we would like to inform you that the information you provide is private, except as required by law. For example, we are required to report abuse or neglect. The information you give us will be used to provide the service you request. You are not required to answer the questions asked, but we cannot help you if you do not provide us with some information (The Tennessee Warning Notice).

### **Your Protected Health Information**

Northland Counseling Center, Inc. (NCC) is an organized health care arrangement comprised of Northland Counseling Center, Grand Rapids; Northland Recovery Center, Grand Rapids; Northland Recovery Pineview Center, International Falls; Northland Counseling Center, International Falls; Northland Counseling Center, Hibbing; Northland Counseling Center, Kiesler Wellness Center; Northland Counseling Center, Healing Foundations Therapeutic Farm and Northland Counseling Center, Aitkin. Your right to privacy and confidentiality is a major concern of Northland Counseling Center, Inc. Except as permitted by law, your protected health information is not available to any outside person, group, or agency unless you, your guardian, or personal representative gives written permission. Your health information is kept in a secure location and is seen only by staff directly involved with the services provided to you. As a client of NCC, you have the right to privacy and to review the health information we keep in our records.

NCC is committed to using and disclosing your health information responsibly. This notice describes the information we collect and how that information is used or disclosed. It also describes your rights as they relate to your health information. This notice is effective April 14, 2003 and applies to all health information as defined by federal regulations.

### **Why is the information needed?**

Each time you visit NCC, a record of your visit is made. Typically, this record contains your symptoms, testing and/or results of testing, diagnoses, treatment, and a plan for future treatment. This information, which is referred to as your medical record, is needed for the following reasons:

- To serve as a basis for evaluating your need for services and to develop a plan to meet those needs.
- As a means of communication among the health professionals who contribute to your care.
- To serve as a legal document describing the care you received.
- To determine whether you are eligible for fee adjustments.
- To enable us to collect fees from your insurance company.
- To meet federal, state, and local reporting requirements.
- To serve as a tool by which we can assess and work to improve the care we render and the outcomes we achieve.

Understanding your rights as a client, the information which is kept in your record, and how that information is used will help you to: ensure its accuracy, better understand how and why others may access your health information, and make more informed decisions when authorizing a disclosure.

### **Your Health Information Rights**

Although your medical record is the physical property of NCC, the information it contains belongs to you. You have the right to:

- Obtain a paper copy of the "Notice of Privacy Practices" upon request.
- Inspect and obtain copies of your medical record.
- Obtain an accounting of disclosures of your health information.
- Amend your health record.
- Request a restriction on certain uses and disclosures of your health information. NCC is **not** required to agree to such restrictions.
- Revoke any and/or all authorizations to use or disclose your health information, except to the extent that action has already been taken.
- Request confidential communications of your health information, such as being contacted by us at an alternate location or by alternate means. If you would like to exercise any of your rights, you may speak with your primary clinician and/or submit your request in writing to the privacy officer at any of the NCC locations.

### **Consequences of Refusing to Supply Health Information**

Information relating to your past and present concerns is needed so that our staff can assess your needs and develop a plan for meeting those needs. If you do not supply such information, we cannot determine which services are most appropriate for you. Lack of information also makes it difficult for us to carry out an effective treatment plan for you and/or your family members. Certain financial information is needed to determine your ability to pay for the services you receive. If, due to your refusal to supply information, we are unable to determine your eligibility for reduced fees, you will be billed for the full amount.

### **How will the information be used?**

Your health information is private and we want you to be aware of how the information we collect about you, or the services that we provide to you, may be used and disclosed. NCC may routinely use or disclose your health information for treatment, payment, and/or healthcare operations. Examples of these types of uses or disclosures are as follows:

**Treatment:** Your health information will be used to provide and coordinate treatment services. This may include NCC staff members sharing health information about you in order to coordinate the different types of services you may need. We may also contact you to remind you of, or reschedule your appointment.

**Payment:** Your health information will be used to bill or collect payment for the services which we have provided to you. For instance, we may share your health information with our billing staff in order to bill for the services you have received or will be receiving.

**Healthcare Operations:** Members of our staff may use your health information to assess the care and outcomes of your treatment. The information will then be used in an effort to improve the quality and effectiveness of the services we provide.

NCC requires written permission from you, the client, before we can use or disclose your health information to other persons or facilities. We will not acknowledge your presence as a client here, nor will we share any information about

you without your written permission. You may revoke this authorization at any time by notifying us in writing. Your revocation will be effective on the day it is received.

Circumstances may occur which require us to use or disclose your health information without your written permission. Uses and disclosures of this type are not routine, but are permitted by the Federal Confidentiality Regulations and/or Minnesota State law. In this way, your health information could be shared in the following circumstances:

- **Health oversight activities:** inspection of health information by governmental agencies for the purpose of quality assurance and/or investigation of complaints.
- **Public health activities:** communication with public health authorities regarding communicable diseases.
- **Reporting maltreatment of a minor:** reports regarding any abuse or neglect of a minor will be to Itasca, Koochiching, St. Louis or Aitkin County Health & Human Services to be processed.
- **To report to law enforcement:** a crime which occurred on the premises, a vulnerable adult or minor leaving the premises without permission, or to avert serious threat to health and safety.
- **In a medical emergency:** only the information necessary for your emergent care while a client here or at another healthcare facility.
- **To comply with a judicial proceeding:** such as a pre - petition screening, civil commitment, or a mental health competency hearing.
- **In response to other court order:** only if accompanied by a subpoena and/or your written permission.
- **When someone else is acting on your behalf:** a parent, guardian, or other personal representative may act on your behalf in the case of incapacity, incompetence, or death. However, a parent or guardian may not access chemical dependency information of a minor who is capable of accessing treatment services on their own.
- **Medical examiners and coroner's office:** investigating the death and/or identification of a deceased individual.

When using or disclosing your health information, we will make every effort to use or disclose only the minimum amount of information necessary for the intended purpose.

### **Our Responsibilities**

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 are also required to provide you with this notice which informs you of your rights, our legal duties, and our privacy practices with respect to the information we collect and maintain about you. We are required to follow the privacy practices described within this notice while it is in effect. We reserve the right to change our privacy practices and to make new provisions effective for all health information we maintain. We will keep a posted copy of the most current notice in our facility containing the effective date. In addition, each time you visit our facility you may request to obtain a copy of the notice which is currently in effect.

### **For More Information or Reporting a Problem**

If you would like additional information about our privacy practices or have any questions or concerns, you may contact the privacy officer at any of the locations listed below:

- Northland Counseling Center, Main - 215 SE 2nd Avenue - Grand Rapids, MN 55744 - 218-326-1274
- Northland Counseling Center, Aitkin - 601 Bunker Hill Drive - Aitkin, MN 56431 - 218-670-0005
- Northland Counseling Center, Hibbing - 301 East Howard, Suite 1, Hibbing, MN 55746 - 218-440-2066
- Northland Counseling Center, Kiesler Wellness Center - 3130 SE 2nd Avenue - Grand Rapids, MN - 218-326-5114
- Northland Counseling Center, Healing Foundations Therapeutic Farm - 18134 River Road - Grand Rapids, MN - 218-999-0221
- Northland Counseling Center, International Falls - 900 5th Street Suite 305 - International Falls, MN 56649 - 218-283-3406
- Northland Recovery Center - 1215 SE 7th Avenue - Grand Rapids, MN 55744 - 218-327-1105
- Northland Recovery Pineview Center - 2000 Spruce Street - International Falls, MN 56649 - 218-540-0142

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding the use, disclosure, or access to your health information, you may file a written complaint with the Chief Compliance Officer, Chief Executive Officer, Chief Operations Officer or the Director of Services at any of the locations listed above.

Written complaints may also be submitted to the following agency:

U.S. Department of Health and Human Services Office of Civil Rights  
233 North Michigan Avenue  
Suite 240  
Chicago, IL 60601

Northland Counseling Center, Inc. supports 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.