**Notice of Privacy Practices**

**(HIPPA and Minnesota Law) Effective April 14, 2003**

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**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program which requires that all medical records and other individually identifiable health information used or disclosed by Brave Soul Counseling Services, in any form, whether electronically, on paper or orally, are kept properly confidential. This Act gives you, the client, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, Brave Soul Counseling Services has prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your treatment information. The terms *we, our* and *us* refer to Brave Soul Counseling Services and the terms *you* and *your* refer to our clients.

Protected Health Information (PHI) is:

1. Information about your mental or physical health, related health care services or payment for health care services
2. Information that is provided by you, created by us, or shared with us by related organizations
3. Information that identifies you or could be used to identify you, such as demographic information, address & phone number, age, date of birth, dependents and health history.

We may use and disclose your personal health information only for each of the following purposes: treatment, payment and health-care operations.

* Treatment means providing, coordinating or managing health care and related services by one or more health care therapists. An example of this would include treatment session notes, appointment reminders or other health-related benefits and services that may be of interest to you.
* Payment means activities such as obtaining reimbursement for services, confirming coverage, billing or collection activities. An example of this would be disclosing your PHI to determine eligibility for treatment or a claims payment.
* Health Care Operations includes carrying out administrative, financial, legal and quality improvement activities necessary to run our business and to support eh core functions of treatment and payment. An example of this would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

Except as described in this Notice or specified by law, we will not use or disclose your PHI. We will use reasonable efforts to request, use and disclose the minimum amount of PHI.

All other uses and disclosures will be made only with your written authorization. You may revoke such authorization at any time by notifying us in writing. We are required to honor and abide by that written request except to the extent that we have already taken actions relying on your authorization.

YOUR RIGHTS

You have the following rights with respect to your PHI, which you can exercise by presenting a written request to the Privacy Officer.

* The right to obtain, and we have the obligation to provide to you, a paper copy of this notice from us at your first date of service.
* The right to request restriction on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. Your request must be in writing and include what restriction(s) you want and to whom you want the restriction(s) to apply. We will review and grant reasonable requests, but we are not required to agree to any restrictions.
* The right to inspect and copy your PHI. You have the right to inspect and get a copy of your PHI for as long as we maintain the information. You must put your request in writing. We may charge you for the costs of copying, mailing, or other supplies that are necessary to grant your request.
* The right to request amendment to your PHI. If you feel that your PHI is incomplete or incorrect, you may ask us to amend it. Your request must be in writing, and you must include a reason that supports your request.
* Receive a list (an accounting) of disclosures. You have the right to receive a list of the disclosures that we have made on your PHI. The list will not include disclosures that we are not required to track, such as disclosures for the purposes of treatment, payment, or health care operations; disclosures which you have authorized us to make; disclosures made directly to you or to friend or family members involved in your care; or disclosures for notification purposes. Your right to receive a list of disclosures may also be subject to other exceptions, restrictions, and limitations. Your request for a list of disclosures must be made in writing and state the time period for which you would like us to list the disclosures. We will not include disclosures made more than six years prior to the date of your request.
* The right to reasonable requests to receive confidential communications of protected health information. You may ask to communicate with you using alternative means or alternative locations. For example, you may ask us to contact you about medical records only in writing or at a different address than the one in your file. Your request must be made in writing and state how and when you would like to be contacted. You do not have to tell us why you are making the request, but we may require you to make special arrangements for payment or other communications. We will review and grant reasonable requests, but we are not required to agree to any restrictions.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services at:

Please contact us for more information: For more information about HIPAA or to file a complaint: Privacy Officer US Department of Health and Human Services

Jill Ellingson, MA, LMFT Office of Civil Rights

Brave Soul Counseling Services, LLC 200 Independence Ave. SW

P.O Box 489 Washington, D.C. 20201

Cottage Grove, MN 55016 1-877-696-6775

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Filing a complaint will not affect the care or services you receive at Brave Soul Counseling Services.

Effective 10-1-2012