

Sandra Ryan Myhre, MSW, LICSW
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NOTICE OF PRIVACY PRACTICES:

Health Insurance Portability and Accountability Act (HIPAA)

The following paragraphs outline how the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation affects how records here are kept and managed. The services you are receiving here concern your psychological status, a most private and intimate component of your life, thus protecting your privacy is of utmost importance. This notice explains how, when and why I may use and/or disclose your records which are known under the HIPAA legislation as "Protected Health Information" (PHI). Except in specified circumstances, I will not release your PHI to anyone. When disclosure is necessary under the law, I will only use and/or disclose the minimum amount of your PHI necessary to accomplish the purpose of the use and/or disclosure.

Safeguards Governing Your Protected Health Information

Individually identifiable information about your past and present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" (PHI). Your PHI results from your treatment, your payment and other related health care operations. I may also receive your PHI from other sources, i.e. other health care providers, attorneys, etc. You and your PHI receive certain protections under the law.

If you are receiving any type of psychotherapy service, your PHI is typically limited to basic billing information placed in a locked file in my office. Clinical notes taken after sessions are known as "Psychotherapy Notes" and are not part of your PHI. Except in unusual, emergency situations, such as child abuse, homicidal or suicidal intention, your PHI will only be released with your specific "Authorization".

If you are consulting me for any type of a Psychological Evaluation, your rights to privacy may be more limited. For a non-forensic evaluation, the results will likely be forwarded to whoever referred you for the assessment. I will still, nonetheless, have you sign an Authorization allowing me to do so.

If you are consulting me for a forensic psychological evaluation, your rights to privacy have already been waived because you have entered your mental status as an issue in a legal proceeding. You will therefore not have the type of rights to privacy and confidentiality granted to most other patients. I will still obtain an Authorization from you, allowing me to share information with specified other parties, but please be advised that usual privacy and confidentiality practices do not apply in these instances.

In those cases of Psychological Evaluations, the same type of billing information is gathered from you and kept under locked file. Clinical notes are much more detailed in these cases, and typically also involve psychological test data. These notes and test data may well be released to other parties, as was already noted.

How Your Protected Health Information May Be Used or Disclosed

In accordance with the HIPAA act and its Privacy Rule (Rule), PHI may be used and disclosed for a variety of reasons. Again, however, every effort is made to prevent its dissemination. I am permitted to use and/or disclose your PHI for the purposes of treatment, to obtain payment for services you receive, and for normal health care operations. For most other uses and/or disclosures of your PHI, you will be asked to grant permission via a signed Authorization which is a separate form. However, the Rule allows for certain specified uses and/or disclosures of your PHI. These consist of the following:

- A. Uses and/or disclosures related to your treatment (T), the payment for services you receive (P), or for health care operations (O):
 1. For treatment (T): I might conceivably use and/or disclose your PHI with psychologists, psychiatrists, physicians, nurses, and other health care personnel involved in providing health care services to you – but only with your specific Authorization. The only conceivable reason that a specific Authorization might not be obtained would be in the case of a medical emergency.
 2. For payment (P): I may use and/or disclose your PHI for billing and collection activities without your specific Authorization
 3. For health care operations (O): I may use and/or disclose your PHI in the course of operating the various business functions of my office. For example, I may use and/or disclose your PHI for the office assistant administrator or me to do third party o insurance billing without your authorization.
 - a. Please note: I do not work with or participate in any insurance plans or government programs such as Medicare, Medicaid, MA, GMAC, or MnCare. Payments must be made at the time of service. You will be asked to sign a WAIVER OF INSURANCE along with this form.
- B. Uses and/or disclosures requiring your Authorization: Generally, my use and/or disclosure of your PHI for any purpose that falls outside of the definitions of treatment, payment and health care operations identified above will require your signed Authorization. If you grant your permission for such use and/or disclosure of your PHI, you retain the right to revoke your Authorization at any time except to the extent that a disclosure might already have been made.
- C. Use and/or disclosures not requiring your Authorization: the Rule provides that I may use and/or disclose your PHI without your Authorization in the following circumstances:
 1. When required by law: I may use and/or disclose your PHI when existing law requires that we report information including each of the following areas:
 - a. Reporting abuse, neglect, or domestic violence: I may use and/or disclose your PHI in cases of suspected abuse, neglect, or domestic violence including reporting the information to social service agencies
 - b. Judicial and administrative proceedings: I may use and/or disclose your PHI in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process.

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- c. To avert a serious threat to health or safety: I may use and/or disclose your PHI in order to avert a serious threat to health or safety. For example, if I believed you were at imminent risk of harming a person or property, or of hurting yourself, I may disclose your PHI to prevent such an act from occurring

Your Rights Regarding Your Protected Health Information (PHI)

The HIPAA Privacy Rule grants you each of the following individual rights:

- A. In general, you have the right to view your PHI that is in my possession or to obtain copies of it. You must request it in writing. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, such as if I fear the information may be harmful to you, I may deny your request. If your request is denied, you will be given in writing the reasons for the denial. I will also explain your right to have my denial reviewed. If you ask for copies of your PHI, I will charge you not more than \$.20 per page. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree in advance to it, as well as to the cost
- B. You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
- C. It is your right to ask that your PHI be sent to you at an alternate address or by an alternate method, e.g. email. I am obliged to agree to your request providing that I can give you the PHI in the format you requested without undue inconvenience.
- D. You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, e.g., those for treatment, payment, or health care operations. I will respond to your request for an accounting of disclosures within 50 days of receiving your request. The list will include the date of the disclosure, to whom PHI was disclosed (including their address if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.
- E. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request in writing if I find that: the PHI is (a) Correct and complete, (b) Forbidden to be disclosed, (c) Not part of my records, or (d) Written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request I will make the changes to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

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- F. You have the right to get this notice by email. You have the right to request a paper copy of it as well.

How to Complain about These Privacy Practices

If you believe that I may have violated your individual privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint by submitting a written complaint to me. Your written complaint must name the person or entity that is the subject of your complaint and describe the acts and/or omissions you believe to be in violation of the Rule or the provisions outlined in our Notice of Privacy Practices. If you prefer, you may file your written complaint with the Secretary of the U.S. Department of Health and Human Services (Secretary) at 200 Independence Ave. SW, Washington, D.C. 20201. However, any complaint you file must be received by me, or filed with the Secretary, within 180 days of when you knew, or should have known, the act or omission occurred. I will take no retaliatory action against you if you make such complaints.

Acknowledging Signatures

I have read and understand this Agreement, Informed consent for Psychological Treatment and/ or Evaluation Services and for Consent for Uses and Disclosures to Carry Out Treatment, Payment, and Health Care Operations and Privacy Practices carefully. I understand and agree to comply with them.

I understand that Federal regulations (HIPAA) allow health service providers to disclose Protected Health Information (PHI) from your records in order to provide you treatment services, obtain payment for the services provided, or for other professional activities known as “health care operation”. How, why, and where I might release your PHI is described in this document which includes a Notice of Privacy Practices.

This consent is voluntary and you may refuse to sign it now or revoke your consent later.

I consent to the use or disclosure of my Protected Health Information (PHI) as specified.

Client/Patient Name (Print)	Signature	Date
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Psychotherapist (Print)	Signature	Date
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CONSENT AND SERVICES AGREEMENT

Welcome to my psychotherapy practice. The following information is provided for you so that you have an understanding of my professional services and expectations as well as your rights.

About my Services

The potential benefits of psychotherapy are many and include improved personal functioning, relationships, self-image, mood, and the attainment of personal goals. Clients understand that healing and growth is difficult, and some discomfort will likely be a party of the psychotherapy process.

Office Procedure

When you arrive, please have a seat in the waiting area at the top of the stairs on the second floor. I will come out into the waiting area to get you. There is a restroom across from the chairs at the end of the second floor hallway.

Scheduling and Cancellations

Scheduling an appointment is a commitment that both the psychotherapist and patient honor. Appointments can be cancelled or rescheduled if 48 hours notice is provided. If sessions are cancelled with less than the required notice, or if a patient misses a session, the client agrees to pay for that session. Please know that exceptions to this policy may be made in the instance of serious medical emergency, or serious family emergency.

Emergencies

As a therapist, I do not provide 24 hour emergency coverage. You may call me in the case of a mental health emergency. I will return your call as soon as possible. However, if you cannot reach me, please contact emergency services (911) or go to your nearest emergency room.

Service fee and payment

Payments are due at the time of your scheduled session, or within one week of receiving a monthly statement. Clients understand they are responsible for all fees. a receipt of professional services can be provided for submission to your insurance company if requested.

We, the psychotherapist and patient/client, have read and understand this agreement. We have agreed to an initial definition of work and to the fee to be paid by the patient/client. I am aware that it is important therapeutically to discuss with my therapist my intentions of ceasing services, but it is not required.

Patient/Client Name (Print)

Signature

Date

Psychotherapist (Print)

Signature

Date