Notice of Privacy Practices (NPP)

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

1. Uses and Disclosures for Treatment, Payment, and Health Care Operations

A. Your provider may use or disclose your protected health information (PHI) for treatment, payment, and health care operation purposes with your consent. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health/treatment record that could identify you.
- "Treatment, Payment, and Health Care Operations"
    - Treatment is when your provider treats, coordinates, or manages your health care and other services related to your health care. An example would be when your provider consults with another health care provider such as another therapist or clinical psychologist.
    - Payment is when your provider obtains reimbursement for your healthcare. Examples of payment are when your provider discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
    - Health Care Operations are activities that relate to the performance and operation of the practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management/care coordination.
- "Use" applies only to activities within the offices of CVIC, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of this office, such as releasing, transferring, or providing access to information about you to other parties.

B. Other Uses and Disclosures in Health Care

- **Appointment reminders** – we may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care.
- **Treatment Alternatives** – we may use and disclose your PHI to tell you about or recommend treatment or an alternative that may be of help to you.
- **Research** – we may use or share your PHI to do research to improve treatments. In all cases, your name, address, and other personal information will be removed from the information given to researchers. If they need to know who you are, we will discuss the research project with you, and we will not send any information unless you sign a special authorization form.
- **Business Associates** – we hire other businesses to do some jobs for us, such as a billing service to help with accounting, printing, and mailing our bills. These business associates need to receive your PHI to do their jobs properly, and have agreed to safeguard your information.
- **Other** – we will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

2. Uses and Disclosures Requiring Authorization

Your provider may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when your provider is asked for information for purposes outside of treatment, payment, and health care operations, we will obtain an authorization from you before releasing this information.

You may revoke all such authorization at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your provider has relied on that authorization (i.e., already released information with your permission) or (2) the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

3. Uses and Disclosures with Neither Consent nor Authorization

Your provider may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse –** If, in a professional capacity, your provider gains knowledge of or has reasonable cause to suspect that a child is abused or neglected, or has died as a result of abuse or neglect they are required by law to report the circumstances to the North Dakota Department of Human Services.
- **Adult Abuse** – If your provider has knowledge or reasonable cause to suspect that a vulnerable adult with developmental disabilities or severe mental illness to whom they are providing services is being abused, neglected, or exploited, they are required by law to report the circumstances to the North Dakota Protection and Advocacy Project.
- **Domestic violence or sexual assault** – If your provider determines the disclosure of the information is necessary for the efficient and safe operation of a domestic violence or sexual assault program; or for the protection of the safety of an employee, agent, volunteer, or client of a domestic violence or sexual assault program; or for the protection of a third party reasonably thought to be in need of protection.
- **Health Oversight** – If a provider receives a subpoena from their licensing Board to testify as a witness and/or produce copies of patient records, the provider must comply.
- **Judicial or Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and your provider must not release your information without your written authorization or a court order. This privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. Your provider will inform you in advance if this is the case.
- **Serious Threat to Health or Safety** – Your provider may disclose your confidential information to protect you or others from a serious threat of harm by you.
- **Worker's Compensation** – If you file a worker's compensation claim, your provider may disclose any information including subsequent prognosis reports, records, bills, and other information concerning mental health care services to the North Dakota Worker's Compensation Bureau.
- **Public Health** – We may disclose some of your PHI to agencies that investigate diseases or injuries.
- **Related to Decedents** – We may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

- **For Specific Government Functions** – We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to correctional facilities if you are an inmate or to other government agencies for national security reasons.
- **Court Order** - A court orders the disclosure and a written finding by the court that the information directly and specifically relates to a determination of child abuse and neglect or termination of parental rights
- **Grants** - CVIC may be required by law, or by the terms of the grants under which you receive services, to disclose to third persons or governmental agencies information that would otherwise be considered by you to be confidential. In all instances, CVIC will make every effort to release only the information that is necessary to comply with law or the terms of grants under which its programs operate.
- There may be additional disclosures of PHI that we are required to or permitted by law to make without your consent or authorization; however, the disclosures listed above are the most common. We will disclose your PHI when the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. If you have any questions about confidentiality or would like a copy of Section 14-07.1-18 of the North Dakota Century Code, please ask one of our staff.

4. Patient's Rights and Providers Duties

- Patient's Rights
    - **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you; however, your provider is not required to agree to a restriction you request.
    - **Right to Receive Confidential Communication by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing a therapist. Upon your request, your provider will send any correspondence or bills to another address.
    - **Right to Inspect and Copy** – You have the right to inspect or obtain a copy of PHI in the mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Upon your written request, the provider will discuss with you the details of the request process. There are rare instances where copies of the record can be denied.
    - **Right to Amend** – If you believe that the information in your records is incorrect or missing important information.
    - **Right to an Accounting** – You generally have the right to receive an accounting of disclosure of PHI for which you have neither provided consent nor authorization (as described in Section 3 of this Notice). Upon your request, your provider will discuss with you the details of the accounting process.
    - **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket** – You have the right to restrict certain disclosures of PHI to a health insurance plan when you pay out-of-pocket in full for our services.
    - **Right to Paper Copy** – You have the right to obtain a paper copy of this Notice from your provider upon request, even if you have agreed to receive the notice electronically.
    - **Right for Electronic Copies** – If an electronic copy is requested, the record will be scanned and emailed.
    - **Right to be Notified if There is a Breach of Your Unsecured PHI** – You have the right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

- **Right to Opt Out of Fundraising Communication** – You have a right to decide that you would not like to receive fundraising communication that we may send out.
- **Right Regarding Marketing** – You are required to give written authorization before a use of your PHI can be made for marketing.

- Provider's Duties
  - Your provider is required by law to maintain the privacy of PHI and to provide you with a notice of the provider's legal duties and privacy practices with respect to PHI.
  - Your provider is required by law to notify affected individuals following a breach of unsecured PHI.
  - Your provider reserves the right to change the privacy policies and practices described in this Notice. Unless notified of such changes, your provider is required to abide by the terms current in effect.
  - If CVIC revises policies and procedures, you will be informed at your next scheduled appointment.

5. Questions and Complaints

If you have any questions about this Notice, disagree with a decision your provider makes about access to your records, or have other concerns about privacy rights, you may contact Therese Hugg, Vice President of Therapy Services, at 701-746-0405.
If you believe your privacy rights have been violated and wish to file a complaint with your provider, you may send your written complaint to Therese Hugg, Vice President of Therapy Services, at 211 S 4th St, Grand Forks, ND 58201.
You may also send a written complaint to the Secretary of the US Department of Health and Human Services. The person listed above can provide you with the appropriate address upon your request.
You have specific rights under the Privacy Rule. Your provider will not retaliate against you for exercising your right to file a complaint.

6. Effective Date, Restrictions, and Changes to Privacy Policy

CVIC reserves the right to change the terms of this Notice and to make the new notice provisions effective for all PHI that your provider maintains. Your provider will provide you with a revised Notice at the time of your first scheduled appointment after the change is made and ask you to read and sign the new acknowledgement form.