



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

### **Lakes Center for Youth and Families**

This Notice applies to Lakes Center for Youth and Families and may be referred to as “we,” “us,” or “our.”

### **Our Pledge Regarding Your Health Information**

Some clients treated by Lakes Center for Youth and Families are minors and, as a result, terms “you and your” may also mean your child. Lakes Center for Youth and Families is committed to protecting the privacy of health information we create or obtain about you. This Notice tells you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- make sure your health information is protected;
- give you this Notice describing our legal duties and privacy practices with respect to your health information; and
- follow the terms of the Notice that is currently in effect.

### **Who Will Follow This Notice**

The privacy practices described in this Notice will be followed by all Lakes Center for Youth and Families therapists, authorized practitioners, and authorized members of our workforce.

### **How We May Use and Disclose Health Information About You**

The following sections describe different ways we may use and disclose your health information. We abide by all applicable laws related to the protection of this information. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information; however, will fall within one of the following categories:

#### **Treatment**

We may use or disclose health information about you to provide you with health treatment or services. For example, a therapist serving you for a given condition may need to know if you have other concerns that may impact the treatment plan. In addition, the therapist may wish to consult/coordinate with other care-providers who also work with your child; we need your permission to do so. Different departments of this agency also may share health information about you in order to coordinate the services in your best interest, or that we might recommend. We also may disclose health information about you to a specialist who is consulted about your treatment or care. It is our practice to request your permission to provide information about your care and treatment received at Lakes Center for Youth and Families to your regular physician of record so that they have appropriate information for providing future care to you.

#### **Payment**

We may use and disclose health information about you so that the treatment and services you receive may be billed to, and payment may be collected from: you, the responsible party (guarantor) on your account, insurance companies, or a third party. For example, we may need to provide your health plan with information about services you received so your health plan will pay us or reimburse you for the services. We may also tell your health plan about a service you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

### **Health Care Operations**

We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to operate our organization and make sure that all of our clients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many clients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to therapists, graduate students, and other authorized personnel for review and learning purposes. It may be necessary for us to hire outside parties such as consultants and accountants to help us carry out certain health care operations. If we do so, we only provide them with health information when it is absolutely necessary and only after they have signed a written agreement agreeing to follow the terms of our business associate agreement that establishes specifically what the business associate has been engaged to do and requires the business associate to comply with HIPAA regulations to protect the privacy and security of your protected health information.

### **Research and Related Activities**

By performing internal outcome research, we learn new or better ways to serve our clients. Lakes Center for Youth and Families employees are considered internal researchers. Lakes Center for Youth and Families will not disclose your health information to external researchers unless you authorize the disclosure in writing.

### **Additional Uses and Disclosures of Your Health Information**

We may use or disclose your health information without your authorization (permission) to the following individuals, or for other purposes permitted or required by law, including:

- To tell you about, or recommend, possible treatment alternatives
- To inform you of benefits or services we may provide
- For public health purposes, including reporting suspected abuse or neglect
- In the event of a disaster, to organizations assisting in a disaster- relief effort so that your family can be notified of your condition and location as required by state and federal law
- To prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person
- To authorized federal officials for intelligence, counterintelligence or other national security activities
- To coroners, health examiners and funeral directors, as authorized or required by law as necessary for them to carry out their duties
- To the military if you are a member of the armed forces and we are authorized or required to do so by law
- For workers' compensation or similar programs providing benefits for work-related injuries or illnesses
- To authorized federal officials so they may conduct special investigations or provide protection to the U.S. President or other authorized persons
- If you are an organ donor, to organizations that handle such organ procurement or transplantation or to an organ bank, as necessary to help with organ procurement, transplantation or donation
- To governmental, licensing, auditing and accrediting agencies
- To a correctional institution as authorized or required by law if you are an inmate or under the custody of law-enforcement officials
- To third parties referred to as "business associates" that provide services on our behalf, such as billing, software maintenance and legal services
- Unless you say no, to anyone involved in your care or payment for your care, such as a friend, family member, or any individual you identify

- To courts and attorneys when we get a court order, subpoena or other lawful instructions from those courts or public bodies or to defend ourselves against a lawsuit brought against us
- To law enforcement officials as authorized or required by law

### **Other Uses of Health Information**

Other uses and disclosures of health information not covered by this Notice will be made only with your written authorization. Most uses and disclosures of psychotherapy notes and uses and disclosures for marketing purposes fall within this category and require your authorization before we may use your health information for these purposes. In addition, we are not allowed to sell your health information without your written authorization. If you provide us authorization to use or disclose health information about you, you may revoke (withdraw) that authorization, in writing, at any time. However, uses and disclosures made before your withdrawal are not affected by your action and we cannot take back any disclosures we may have already made with your authorization.

### **Use of Email and Other Electronic Communications**

If you choose to communicate with us via email, we may respond to you in the same manner in which the communication was received and to the same email address from which you sent your email. Before using email to communicate with us, you should understand that there are certain risks associated with the use of email. It may not be secure, which means it could be intercepted and seen by others. In addition, there are other risks associated with use of email, such as misaddressed/misdirected messages, email accounts that are shared with others, messages that can be forwarded on to others, or messages stored on portable electronic devices that have no security. Text messaging presents similar risks and if you choose to contact us via text messaging, we may respond to you in the same manner or choose to refrain from text messaging with you or otherwise limit the information included if we are not able to verify your identity.

### **Your Rights Regarding Medical Information About You**

The records of your health information are the property of Lakes Center for Youth and Families. You have the following rights, however, regarding health information we maintain about you:

#### **Right to Inspect and Copy**

- With certain exceptions, you have the right to inspect and/or receive a copy of your health and billing records or any other of our records that are used by us to make decisions about you. You have the right to request that we send a copy of your health or billing records to a third party. We may charge you a reasonable fee for providing you a copy of your records. A release of information, written request, and verification of identity will be required in order to obtain records. It is important to note that only pertinent information will be released, and it is the discretion of your therapist to release pertinent and appropriate information. We may deny access, under certain circumstances. You may request that we designate a licensed health care professional to review the denial. We will comply with the outcome of the review.

#### **Right to Request an Amendment**

- If you feel the health information that we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Lakes Center for Youth and Families in your health and billing records or any other of our records that are used by us to make decisions about you. You are required to submit your request in writing to Lakes Center for Youth and Families Privacy Officer with an explanation as to why the amendment is needed. If we accept your request, we will tell you we agree, and we will amend your records. We cannot change what is in the record. We add the supplemental information by an addendum. With your assistance, we will notify others who have the incorrect or incomplete health information. If we deny your request, within

sixty (60) days we will give you a written explanation of why we did not make the amendment and explain your rights.

- We may deny your request if the health information (i) was not created by Lakes Center for Youth and Families (unless the person or entity that created the health information is no longer available to respond to your request); (ii) is not part of the health and billing records kept by or for Lakes Center for Youth and Families; (iii) is not part of the information which you would be permitted to inspect and copy; or (iv) is determined by us to be accurate and complete.

#### **Right to an accounting of disclosures**

- You have the right to receive a list of certain disclosures we have made of your health information in the six years prior to your request. This list will not include every disclosure made, such as those disclosures made for treatment, payment, health care operations purposes, or those disclosures made directly to you or pursuant to an authorization.
- You are required to submit your request in writing to the Lakes Center for Youth and Families Privacy Officer. You must state the time period for which you want to receive the accounting. The first accounting you request in a 12-month period will be free, and we may charge you for additional requests in that same period.

#### **Right to request restrictions**

- You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations.
- To request a restriction, you must contact the Lakes Center for Youth and Families Privacy Officer using the contact information listed at the end of this Notice. In some cases, you may be asked to submit a written request. We are not required to agree to your request and may say “no” if it would affect your care. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment or we are required or permitted by law to disclose it. We are allowed to end the restriction if we inform you that we plan to do so. If you request that we not disclose certain health information to your health insurer and that health information relates to a health care product or service for which we have already received payment in full, then we must agree to that request.

#### **Right to Request Confidential Communications**

- You have the right to request that we communicate with you about health matters in a certain way or at a certain location. If you want us to communicate with you in a special way, you will need to give us details about how to contact you. Your request must be submitted in writing to the Lakes Center for Youth and Families Privacy Officer using the contact information listed at the end of this Notice. You also will need to give us information as to how billing will be handled. We will honor reasonable requests.

#### **Right to be Notified in the Event of a Breach**

- We will notify you if your health information has been “breached,” which means that your health information has been used or disclosed in a way that is inconsistent with law and results in it being compromised.

#### **Right to a Paper Copy of This Notice**

- You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Copies of this Notice will be available throughout Lakes Center for Youth and Families, or by contacting the Lakes Center for Youth and Families Privacy Office as explained at the end of this Notice, or you may obtain an electronic copy at the Lakes Center for Youth and Families website.

### **Future Changes to Lakes Center for Youth and Families Privacy Practices and This Notice**

- We reserve the right to change Lakes Center for Youth and Families privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on the Lakes Center for Youth and Families website. In addition, at any time you may request a copy of the Notice currently in effect.

### **Personal Representatives, Minors and Guardians**

- You have the right to choose someone to act for you. If you have given someone the legal authority to exercise your rights and choices about your health information, we will honor such requests once we verify their authority. This Notice also applies to minors and some disabled adults. They enjoy the same basic privacy protections for their health information. However, because they usually cannot make health care decisions for themselves, a parent or a guardian can make decisions on their behalf. Parents or guardians can permit the use and release of this health information. Parents or guardians may also hold all rights listed in this Notice including the right to inspect and copy and the right to amend.
- There are; however, some situations where minors can make independent health care decisions without parental or guardian knowledge or permission. It is important to note in these situations that the minor may be the only one to permit the use and release of health information. The minor may hold all rights listed in this Notice with respect to the independent health care decision. If the minor chooses to inform the parent or guardian and obtains their permission for the independent health care decision, then all of the privacy rights regarding the health information may transfer to the parent or guardian. There are also some situations where access, use and/or release of a minor's health information may occur without the permission of the parent or guardian. These situations are usually when the health or safety of the minor is in danger and health information is necessary to appropriately protect the minor.

### **Questions or Complaints**

If you believe that your privacy rights have not been followed as directed by applicable law or as explained in this Notice, you may file a complaint with us. Please send any complaint to the Lakes Center for Youth and Families Privacy Officer at the address provided below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. **You will not be penalized for filing a complaint.**

If you have questions or would like further information about this Notice, please contact:

Lakes Center for Youth and Families, HIPAA Privacy Officer:

Rebecca Bowers, M.A., L.M.F.T.

20 N. Lake Street, Suite 103

Forest Lake, MN 55025

(651) 464-3685

Lakes Center for Youth and Families complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.