



## Notice of Privacy Practices

This document helps you understand how Protected Health Information about Compassion Clinic Therapy Services clients can be disclosed and used, client rights to amend and access their information, and grievance procedures. This document is based on HIPAA and Minnesota State Law.

- 1) Client Rights first goes into effect 08/01/2020
- a) Clients have the following rights, with exceptions defined in the privacy Regulation:
  - i) Right to request restrictions on certain uses and disclosures of protected health information. Please note that Compassion Clinic: Therapy Services is not required to agree to the requested restrictions.
  - ii) Right to receive confidential communications of protected health information, as applicable.
  - iii) Right to inspect and copy protected health information, as applicable.
  - iv) Right to request an accounting of disclosures of protected health information, as applicable.
  - v) Right to request amendment of protected health information, as applicable.
  - vi) Right to obtain a paper copy of this form.
- b) Federal and State laws grant clients of Compassion Clinic: Therapy Services the right to strict privacy in regard to information about themselves. This means that no information by which a client could be identified will be given by us to anyone else at any time without written consent of the individual, unless specifically required or permitted for treatment, payment or health care operations purposes by law. Important exceptions are that agency staff are required by law to report suspected abuse and neglect of children or vulnerable adults and records may be subpoenaed if a client is involved in a court action. Individuals are not required to give any information about themselves. However, refusal to give needed information will hamper service planning. The information that is requested about clients is needed for one or more of the following reasons:
  - i) To meet Federal, State, and Local Statistical Requirements.
  - ii) To help determine a client's need for services and to develop a plan to meet those needs (i.e. agreed upon treatment plan).
- c) No Audio or Video Recording of a session will be made without client's permission. If a recording is completed, no one except agency staff involved in treatment will view/listen to a treatment session unless a client gives permission. Compassion Clinic: Therapy Services holds the right to decline the request for a recorded session.
- d) There are exceptions to allowing clients view their records, including:
  - i) If a doctor, or licensed provider believes that it will be harmful to the client or others.
  - ii) Information obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would likely reveal the source of the information.
  - iii) Information compiled in anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
- e) Compassion Clinic: Therapy Services holds the right to change the terms of the notice, where the new notice provisions will be effective for all protected health information that it maintains. Compassion Clinic: Therapy Services is required to follow this notice or its provisions, and will uphold all laws to maintain privacy of information. Will provide a copy of this notice when requested, or find it at [compassionclinictherapyservices.com/resources-2](http://compassionclinictherapyservices.com/resources-2). If an individual believes that their rights have been violated, complaints may be made to the Compassion Clinic: Therapy Services and to the Secretary of the Department of Health and Human Services without fear of retaliation. You may use the following as a model of how to format your complaint:
  - i) What is a grievance?
    - (1) A grievance is any complaint or concern that a client, or persons within the community has about the services and/or treatment associated with Compassion Clinic: Therapy Services staff; a timely response will be executed by Compassion Clinic: Therapy Services with regards to your grievance.
    - (2) You may file a grievance in writing, by phone, or in person. However, it is encouraged that you use writing within one month of when the situation occurred.



(3) We suggest that you first address the person with whom you have the complaint about, if you do not have a satisfactory response/solution to the situation, then you may contact owner or supervisor and you will be contacted within 24 hour for emergency complaints, 48 hours for urgent matters, and 5 days for non-urgent matters. The owner's phone number for consultation regarding the grievance is: 651-728-6400. If you still do not have a satisfactory resolution and/or want to, you may contact the Division of Licensing at the MN Department of Human Services to register a grievance at 651-431-6500. Or Contact the following: Board of Social Work 612-617-2100; Board of Psychology 612-617-2220, Board of Marriage and Family Therapy 612-617-2220, Board of Medical Practice 612-617-215.

Generalized Information can be found below:

1. Compassion Clinic: Therapy Services is legally permitted to use and disclose protected health information for treatment, payment, and health care operations as the following examples may describe: For treatment, information about you may be used to provide treatment and services; for payment, information about your financial situation and payment will be used to make the payment process work; for health care operations like the outcomes evaluations or quality assessment activities.
2. Compassion Clinic: Therapy Services may contact you with appointment reminders (usually through automatic reminders).
3. Other legal requirements will be upheld at the most stringent law's description of the use of disclosure of protected health information, which may have Compassion Clinic: Therapy Services disclose protected health information without written authorization from the client.
4. Clients may have written authorization to disclose information and may revoke such authorization.
5. Compassion Clinic: Therapy Services will report to you any known breach of your protected health information which compromises your privacy within 30 days of the breach.