



**Crosswinds Counseling
Amy Hertle MSW LICSW**

1895 E Co Rd E, White Bear Lake, MN 55110
crosswindscounseling@gmail.com
(651) 890-6031

NOTICE OF PRIVACY PRACTICES

(THIS IS THE HIPPA INFORMATION)

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

This notice takes effect on July 14, 2005 and remains in effect until we replace it.

1. MY PLEDGE REGARDING MEDICAL/MENTAL HEALTH INFORMATION

The privacy of your medical/mental health information is important to me. I understand that your medical/mental health information is personal, and I am committed to protecting it. I create a record of the care and services you receive while in my care. I need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways I may use and share medical/mental health information about you. I also describe your rights and certain duties I have regarding the use and disclosure of medical/mental health information.

2. MY LEGAL DUTY

Law Requires Me To:

- a. Keep your medical/mental health information private.
- b. Give you this notice describing our legal duties, private practices, and your rights regarding your medical/mental health information.
- c. Follow the terms of the notice that is now in effect.

I Have the Right to:

- a. Change my privacy practices and the terms of this notice at any time, if law permits the changes.

- b. Make the changes in my privacy practices and the new terms of my notice effective for all medical/mental health information that I keep, including information previously created or received before the changes.

Notice of Changes to Privacy Practices:

- a. Before I make an important change in my privacy practices, I will change this notice and make the new notice available upon request.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that I use and disclose medical information. Not every use or disclosure will be listed. However, I have listed all of the different ways I am permitted to use and disclose medical/mental health information. I will not use or disclose your medical/mental health information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to me.

FOR TREATMENT: I may use medical/mental health information about you to provide you with medical treatment or services. I may disclose medical/mental health information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. I may also share medical/mental health information about you to your other health care providers to assist them in treating you.

FOR PAYMENT: I may use and disclose your medical/mental health information for payment purposes.

FOR HEALTH CARE OPERATIONS: I may use and disclose your medical/mental health information for my health care operations. This might include measuring and improving quality, evaluating the performance of myself, conducting training programs, and getting the accreditation, certificates, licenses and credentials I need to serve you.

ADDITIONAL USES AND DISCLOSURES: In addition to using and disclosing your medical/mental health information for treatment, payment and health care operations, I may use and disclose medical/mental health information for the following purposes.

Notification: Medical information to notify or help notify: a family member, your personal representative or another person responsible for your care. I will share information about your location, general condition or death. If you are present, I will get your permission if possible before I share, or give you the opportunity to refuse permission. In cases of emergency, and if you are not able to give or refuse permission, I will share only the health information that is directly necessary for your health care, according to my professional judgment.

Disaster Relief: Medical/mental health information with a public or private organization or person who can legally assist in disaster relief efforts.

Research in Limited Circumstances: Medical/mental health information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

Specialized Government Functions: Subject to certain requirements, I may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court Orders and Judicial and Administrative Proceedings: I may disclose medical/mental health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, I may share your medical/mental health information with law enforcement officials. I may share limited information with a law enforcement official concerning the medical/mental health information of a suspect, fugitive, material witness, crime victim or missing person. I may share the medical/mental health information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public Health Activities: As required by law, I may disclose your medical/mental health information to public health or legal authorities charged with prevention or controlling disease, injury, or disability, including child abuse or neglect. I may also disclose your medical/mental health information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. I may also, when I am authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence: I may disclose medical/mental health information to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. I may share your medical/mental health information if it is necessary to prevent a serious threat to your health or safety, or the health or safety of others. I may share medical/mental health information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Workers Compensation: I may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

Health Oversight Activities: I may disclose medical/mental health information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Law Enforcement: Under certain circumstances, I may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

4. YOUR INDIVIDUAL RIGHTS

You Have a Right to:

- a. Look at or get copies of your medical/mental health information. You may request that I provide copies in a format other than photocopies. I will use the format you request unless it is not practical for me to do so. You must make your request in writing. You may request access by using the contact information at the end of this notice.
- b. Receive a list of all the times my business associates or I shared your medical/mental health information for the purposes other than treatment, payment, and health care operations and other specified exceptions.
- c. Request that I place additional restrictions on my use or disclosure of your medical/mental health information. I am not required to agree to these additional restrictions, but if I do, we will abide by our agreement (except in the case of an emergency).
- d. Request that I communicate with you about your medical/mental health information by different means or to different locations. Your request that I communicate your medical/mental health information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.
- e. Request that I change your medical/mental health information. I may deny your request if I did not create the information you want changed or for certain other reasons. If I deny your request, I will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If I accept your request to change information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
- f. If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to me at my office.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice, or if you think that we may have violated your privacy rights, please contact me. You may also submit a written complaint to the US Department of Health and Human Services. I will provide you with the address to file your complaint with the US Department of Health and Human Services. I will not retaliate in any way if you choose to file a complaint.

MY CONTACT INFORMATION

Amy B. Hertle MSW LICSW

Crosswinds Counseling

1895 E Co Rd E

White Bear Lake, MN 55110

651-890-6031

crosswindcounseling@gmail.com

amyhertle.com

YOUR SIGNATURE ON THIS NOTICE OF PRIVACY PRACTICES ACKNOWLEDGES YOU HAVE BEEN PROVIDED WITH THE INFORMATION CONTAINED HEREIN AND HAVE BEEN OFFERED A COPY FOR YOUR RECORDS.

Name (please print)

_____ DATE: ____/____/____

PATIENT/PERSONAL REPRESENTATIVE SIGNATURE

_____ DATE: ____/____/____

AMY B. HERTLE, MSW LICSW