



NOTICE OF PRIVACY PRACTICES

In following our responsibilities under the Health Insurance Portability and Accountability Act (HIPAA), Harmony Mental Health is required to provide you with information about our responsibilities to you in our use of your protected health information (PHI), how it may be used and disclosed, and how you can access this information. This privacy practices notice is intended to inform you of these responsibilities and of your rights. Please feel free to ask questions as necessary about the use and disclosure of your PHI.

I. Uses and Disclosures for Treatment, Payment, and Healthcare Operations

There are a number of ways we may use or disclose your protected health information (PHI). These include treatment, payment, and healthcare operations, and other purposes with your consent. To help clarify these terms, here are some definitions:

1. “PHI” refers to information in your health record that could identify you.
2. “Treatment, Payment, and Healthcare Operations”
 - a. Treatment is when we provide, coordinate, or manage your healthcare and other related services. We may, for example, consult with another healthcare provider, such as your family physician in support of your healthcare.
 - b. Payment is when we obtain reimbursement from your healthcare insurance provider. We need to disclose portions of your PHI in order to receive payment for your healthcare services.
 - c. Healthcare Operations are activities that relate to the operation of Harmony Mental Health. Examples of healthcare operations include quality assessment and improvement activities, billing, business-related matters such as audits and administrative services, clinical consultation, case management, and care coordination.
3. “Use” applies only to activities within Harmony Mental Health; such as sharing, employing, utilizing, examining, and analyzing information that identifies you.
4. “Disclosure” applies to activities outside of this agency, such as releasing, transferring or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

In order to use your PHI for reasons other than described above we need your written authorization. If such a need does arise you will have the option to provide consent by signing a Release of Information (ROI) form. Harmony Mental Health will most likely keep diagnostic assessment reports, treatment plans, and therapy notes in your patient chart. These items are



accorded to a higher level of protection and will always require your written consent to be released.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage and the law provide the insurer the right to consent the claim under the policy. Please be aware that revocation does not impact disclosures that were made while the ROI was in effect. All authorizations expire after one year if not revoked.

III. Uses and Disclosures with Neither Consent nor Authorization

There are a number of exceptions for which we may, or might be required to, use or disclose PHI without your consent or authorization. These exceptions include:

- **Child Abuse**: If we become aware, or have reason to believe, that a minor has been physically or sexually abused, or has been neglected, we must immediately report the information to the local welfare agency, police, or sheriff's department. The statute of limitation for when we report abuse that occurred in the past varies in each county. In many cases, past abuse must be reported.
- **Public Health Activities**: We may use or disclose PHI to the appropriate entities or authorities responsible for ensuring public health. We may be required, for example, to notify the Centers for Disease Control and Prevention (CDC) of exposure to a communicable disease.
- **Adult Domestic Abuse**: If we become aware of or have reason to believe that a vulnerable adult is being or has been maltreated, or if we have knowledge that a vulnerable adult has sustained a physical injury which is not able to be reasonably explained, we must immediately report the information to the appropriate agency in the county where the maltreatment occurred and/or where the vulnerable adult resides. We may also report the information to a law enforcement agency.
 - “Vulnerable adult” means a person who, regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction:
 1. that impairs the individual's ability to provide adequately for his/her own care without assistance; including the provision of food, shelter, clothing, healthcare, or supervision; and
 2. because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect him or herself from maltreatment.



- Health Oversight: The Minnesota Board of Psychology or other regulatory agency may subpoena records including your PHI per statute in order to conduct regulatory activities.
- Judicial and Administrative Proceedings: If you are involved in a court proceeding, a request for information about the professional services we have provided you and/or records thereof may take place. Your PHI is privileged under state law and we must not release this information without written authorization from you or your legally appointed representative. A court order, however, overrides such privilege. This privilege does not apply when you are being evaluated for a third party or when the evaluation is court-ordered.
- Serious Threat to Health or Safety: If you communicate a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim or group of victims, we are required to make reasonable efforts to communicate this threat to the potential victim or to a law enforcement agency. We must also do so if a member of your family or someone who knows you well has reason to believe you are capable of and will carry out the threat. We might also disclose information about you that is necessary to protect you from a threat to commit suicide.
- Worker's Compensation: If you file a worker's compensation claim, we will not need prior approval from you to release information to your employer, insurer, or the Department of Labor and Industry.
- Business Associates and Subcontractors: We will share your PHI with our business associates and subcontractors for the purpose of carrying out our clinical and business operations. We may, for example, conduct clinical consultation regarding your healthcare options. All business associates and subcontractors may only access your PHI if there is a need to know. They must comply with HIPAA laws and are required to protect the confidentiality of 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: This includes certain narrowly-defined disclosures to law enforcement agencies; to a health oversight agency (such as Health and Human Services (HHS) or a state department of health); to a coroner or medical examiner; for public health purposes relating to disease or FDA-regulated products; or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.



IV. Patient Rights and Harmony Mental Health

Patient Rights:

- 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 plan when you pay out-of-pocket in full for my services.
- Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information. Federal law, however, does not require us to agree to a restriction you requested. If you have paid your healthcare provider in full for all or for a specific service, we will agree to such a request unless prohibited by law. In order to make such a request, you need to provide us written notice specifying what information you wish to limit, whether you are requesting limiting use or disclosure or both, and to whom the limit applies.
- Right to Receive Confidential Communication by Alternative Means and/or 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 engaging in psychological services and might request that we send you bills to another address.
- Right of Inspection and Copy: You have the right to inspect and/or obtain a copy of your medical records which may include: Diagnostic Assessment, Treatment Plan, progress notes, discharge summary, consult notes, and billing records. We may deny this right under certain circumstances. If you are denied, you may have our decision reviewed and we will discuss with you the details of the request and denial process.
- Right to Amend: You have the right to amend your PHI for as long as the PHI is maintained in the records. Your request must be made in writing and must include a reason supporting your request. Your request may be denied and if denied you will be notified in writing. If denied, you have the right to submit a written statement of your disagreement with the denial, which will be appended to the PHI in question. We will discuss with you the details of the amendment process.
- Right to Accounting of Disclosures: You have the right to receive a list accounting for all releases of your PHI other than those done for routine treatment, payment, or operations activities. Your request must state a time period of less than six years. On request, we will discuss with you the details of the accounting process.
- Right to Receive Breach Notification: If Harmony Mental Health or one of our business associates or subcontractors experiences a breach of your PHI, as defined by HIPAA laws, that compromises the security or privacy of your PHI, you will be notified of the



breach and of any recommended steps you might take to protect yourself from potential harm resulting from such a breach.

- Right to a Paper Copy: You have the right to obtain a paper copy of this notice form upon request.

Harmony Mental Health Duties:

- Harmony Mental Health is required by law to maintain the privacy of your protected health information and to provide you with this notice of our legal duties and privacy practices with respect to PHI.
- Harmony Mental Health reserves the right to change the privacy policies and practices described in this notice. If we make changes in this policy, we will publish a revised Notice of Privacy Practices either in writing or on our HarmonyMN.com website. Unless we publish a notice of such changes, however, we are required to abide by the policy currently in effect.

Questions and Complaints

If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact Harmony Mental Health in writing or at 763-400-8000. If you believe that your privacy rights have been violated and wish to file a complaint with our practice, you may send your written complaint to:

Soo Moon, MA, LMFT, Owner
Harmony Mental Health
11316 86th Ave. N.
Maple Grove, MN 55369

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The persons listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule and we will NOT retaliate against you for exercising your right to file a complaint.

V. Effective Date and Acknowledgement of

This notice of privacy practices went into effect April 13, 2020.

Rev. 01/2025