



## Notice of Privacy Practices

### **Anchor Recovery pledge regarding health information**

Anchor Recovery understands that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care with us. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- We can change the terms of this Notice, and such changes will apply to all information we have about you. The new notice will be available upon request, in the office, and available in the client portal.

### **The way we use and disclose health information**

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment Payment or Health Care Operations:** Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. We may disclose your protected health information for the treatment activities with any health care provider within Anchor Recovery.

**Lawsuits and Disputes:** If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### **Certain uses and disclosures do not require your authorization**

Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including preventing or reducing a serious threat to anyone’s health or safety that meets criteria for Duty to Warn (Minn. Stat. § 148.975, subd. 2).
3. For health oversight activities, including audits and investigations.
4. For local law enforcement purposes, including reporting crimes occurring on our premises.
5. To coroners or medical examiners, when such individuals are performing duties authorized by law.

6. For research purposes, including studying and comparing patients who received one form of therapy versus those who received another form of therapy for the same condition.
7. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
8. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

### **Certain uses and disclosures require you to have the opportunity to object**

1. Disclosures to family, friends, or others with an active release of information. We may provide your PHI to individual(s) that you indicate are involved in your care with an active release of information or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

### **You have the following rights with respect to your PHI**

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and may say “no” if we believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. You have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost based fee for doing so. (Minn. Stat. § 144.292, subd. 2)
5. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this notice via e-mail, you also have the right to request a paper copy of it. (Minn. R. 7200.4710)
8. The Right to File a Complaint. If you feel as though your privacy rights have been violated, you may file a complaint internally with your provider and/or staff. If it is continuing to be a concern and there is a need for an external report, the report can be made to the attorney general.

United States Attorney Minnesota

U.S. Courthouse, 300 S 4th Street, Suite 600, Minneapolis, MN 55415

Phone: (612) 664-5600

### **Confidentiality of Substance Use Disorder Patient Records / Information Related to Substance Use Disorders**

Code of Federal Regulations, Title 42, part 2 (42 CFR Part 2). Federal law and regulations protect the confidentiality of substance use disorder client/ patient records. 42 CFR Part 2 outlines special consent for patients/ clients who have a substance use disorder. Releases of information have special outlines for releasing

data regarding substance use disorder treatment. Limitations to confidentiality remain the same as the outlined information above in previous sections, and include:

1. A patient's commission of a crime on the premises of the program or against personnel of the program is not protected and can only be reported to local law enforcement with proper jurisdiction.
2. Acknowledging presence: No acknowledging your presence with receiving services will be disclosed unless an appropriate release of information is signed.
3. Answering a request: If an outside agency/ provider makes a request for a disclosure of patient records, it will be made in a way that will not affirmatively reveal that a client/patient has been or is being diagnosed with or treated for a substance use disorder. \*Unless otherwise specified in the limits to confidentiality sections above.
4. An inquiring party may be provided a copy of the regulations in this part and advised that they restrict the disclosure of substance use disorder patient records but may not be told affirmatively that the regulations restrict the disclosure of the records of an identified patient.
5. List of disclosures. Upon request, patients who have consented to disclose their patient identifying information using a general designation pursuant to § 2.31(a)(4)(iii)(B)(3) must be provided a list of entities to which their information has been disclosed pursuant to the general designation.
6. Patient requests: (i) Must be made in writing; and (ii) Are limited to disclosures made within the past two years. Provider will respond within 30 days and provide, for each disclosure, the names of the entities to which the disclosure was made, the date of the disclosure, and a brief description of the patient identifying information disclosed.

Violation of the federal law and regulations by a Part 2 program is a crime and that suspected violations may be reported to appropriate authorities:

United States Attorney Minnesota

U.S. Courthouse, 300 S 4th Street, Suite 600, Minneapolis, MN 55415

Minneapolis Main Phone: (612) 664-5600

### Records Exception

Minnesota has created an exception, however, that gives providers the discretion to withhold health records if the provider believes that “the information is detrimental to the physical or mental health of the client, or is likely to cause the client to inflict self-harm, or to harm another.” (Minn. Stat. § 144.292, subd. 7).

### Effective Date of this Notice: 2/15/2022

Under the Health Insurance Portability and Accountability Act (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of and reviewed this document.

By signing this, I am agreeing that I have read, understand, and agree to notice of privacy practices terms to receive services that are being provided by Anchor Recovery.

### Signatures:

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If client did not sign, state the reason client did not sign.

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_