

# CEDAR POINT THERAPY ASSOCIATES

Notice of Privacy Practices –Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

*The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Health Insurance Technology for Economic and Clinical Health Act of 2009 (HITECH) are federal programs which require that all medical records and other identifiable health information used or disclosed by Cedar Point Therapy Associates in any form, whether electronically, on paper, or orally, are kept properly confidential. These Acts give you, the client, significant new rights to understand and control how your health information is used. HIPAA and HITECH provide penalties for covered entities that misuse protected health information.*

*As required by HIPAA and HITECH, Cedar Point Therapy Associates, has prepared this explanation of how we are required to maintain the privacy of your protected health information (PHI) and how we may use and disclose your treatment information.*

We may use and disclose your medical record (PHI) only for each of the following purposes: treatment, payment and health-care operations.

**\*Treatment** means providing, coordinating, or managing health care and related services by one or more health care therapists. An example of this would include treatment session notes.

**\*Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.

**\*Health-care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, confirming appointments, and customer service. An example would be an internal quality assessment review.

Any other uses and disclosures (such as for marketing purposes, or disclosures that constitute the sale of protected health information) will be made only with your authorization. Furthermore, any disclosure of psychotherapy notes will be made only with your written authorization. You may revoke such authorization at any time by sending written notification to our Privacy Officer listed below. We are required to honor and abide by that written request except to the extent that we have already taken actions based on your previous authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

\*The right to request restriction on certain uses and disclosures of protected health information, including those related to disclosure to family members, other relatives, close personal friends or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree, in writing, to remove it.

\*The right to restrict disclosure of protected health information to your health plan if you are paying out-of-pocket in full for services provided.

\*The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or alternative locations.

\*The right to inspect and request an electronic or paper copy of your protected health information.

\*The right to amend your protected health information.

\*The right to obtain from us, and we have the obligation to provide to you, a paper copy of this notice at your first service delivery date.

\*The right to provide, and we are obligated to receive, written acknowledgement that you have received a copy of our *Notice of Privacy Practices*.

\*The right to receive, and we are obligated to provide, notice of any breach of confidentiality of your protected health information.

We are required by law to maintain the privacy of your protected health information and to provide you with a notice of our legal duties and privacy practices with respect to protected health information. This notice is effective as of April 14, 2003 and we are required to abide by the terms of the *Notice of Privacy* currently in effect. We reserve the right to change the terms of our *Notice of Privacy Practices* and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised *Notice of Privacy Practices* from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal written complaint with us at the address below or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

**Please contact us for more information:**

Privacy Officer

Cedar Point Therapy Associates

6636 Cedar Avenue S, Suite 380

Richfield, MN 55423 (612) 223-6745

**For more information about HIPAA/HITECH or to file a complaint:**

U.S. Department of Health and Human Services

Office of Civil Rights

200 Independence Avenue SW

Washington, D.C. 20201 (202) 619-6775; 1(877) 696-6775