

NOTICE OF HEALTH INFORMATION PRACTICES

April 1, 2003

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

Introduction

At Innerview Consulting, we are committed to treating and using protected health information (PHI) about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your PHI. This Notice is effective April 14, 2003 and applies to all PHI as defined by federal regulations. This Notice complies with HIPAA Regulations and the Minnesota rules for consent in allowing information to be used for treatment, payment, and health care operations.

Understanding Your Health Record/Information

Each time you visit Innerview Consulting or have contact with a provider thereof, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communicating among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your PHI is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decision when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Innerview Consulting, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request or by downloading from the business website
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your PHI by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Innerview Consulting is required to:

- Maintain the privacy of your PHI
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction,
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change/amend our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will mail/email/hand to you a revise notice to the address/email you have supplied us.

We will not use or disclose your PHI without your authorization, except as described in this notice. We will also discontinue using or disclosing your PHI after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem/Complaint

If you have questions and would like additional information, you may contact the practice's Privacy Officer, Dean R. DeGroot at 612-789-9596.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services, or the Minnesota Board of Psychology. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
866-627-7748

Examples of Disclosures for Treatment, Payment and Health Operations

This section will describe various agencies and parties in which disclosure of PHI will be made with neither consent nor authorization by you.

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, psychologist, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your records his or her expectations of the members of your health care team. Members of your team will then record the actions they took and their observations. In that way, the physician will know you are responding to treatment.

We will also provide your physician, psychologist, or a subsequent health care provider with copies of various reports that should assist him/her in treating you once you're discharged from treatment.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency

department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your PHI to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your PHI, however, we require the business associate to appropriately safeguard your information.

Additional uses and disclosures:

Abuse/Neglect: We may make disclosures to government authorities concerning abuse, neglect or domestic violence as required by law.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If you are under 18, parents may see data about you and authorize others to see this data, unless you have asked that this information not be shared with your parents. In such case, you must make the request in writing and state what data you wish to have withheld from parents and other family members.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Law enforcement: We may disclose your health information to law enforcement officials. For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons or to provide information concerning victims of crimes.

To prevent a serious threat to health or safety: We may disclose your health information to the extent necessary to avoid a serious and imminent threat to your health or safety or to the health or safety of others.

Coroner/Funeral directors: We may disclose health information to funeral directors or county/state coroners consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration: We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to any public, state, or federal health entity or legal authorities charged with preventing or controlling disease, injury, or disability.

Legal proceedings: We may disclose your health information in the course of any legal proceeding, in response to a court order or administrative judge and, in certain cases, in response to a subpoena, discovery request or other lawful process.

Correctional institution: Should you be an inmate of a correctional facility, we may disclose to the institution or agents thereof health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

An authorization for release of information will be garnered from you with your permission and written signature, should information be requested by others not covered by this Notice.

Client Signature

Date