waves of change
PSYCHOTHERAPY

Notice of Privacy Policies, Health Insurance Portability and Accountability Act (HIPAA), Client Rights and Responsibilities, and Therapist Duties

This document contains important information about federal law, the Health Insurance Portability and Accountability Act (HIPAA), that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations.

HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice explains HIPAA and its application to your PHI in greater detail.

The law requires that I obtain your signature acknowledging that I have provided you with this. If you have any questions, it is your right and obligation to ask so I can have a further discussion prior to signing this document. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding unless I have taken action in reliance on it.

I. Confidentiality

Waves of Change Psychotherapy, PLLC respects your privacy and understands that your information is personal and confidential. I am committed to protecting health information about you. I create a record of the care and services you receive from me, a record that I need in order to provide you with quality care and to comply with certain legal requirements. The mental health record describes the services provided to you and contains the dates of our sessions, your diagnosis, functional status, symptoms, progress, and any assessments completed. As a rule, Waves of Change Psychotherapy will not disclose information about you, or the fact that you are being served by Waves of Change Psychotherapy without your written consent, unless the law authorizes or requires Waves of Change Psychotherapy to do so.

Your information will be retained for 7 years after termination of services.

II. Limits of Confidentiality

The law protects the privacy of all communications between a patient and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization from that meets certain legal requirements imposed by HIPAA. There are some situations where I am permitted or required to disclose information without either

your consent or authorization. If such a situation arises, I will limit my disclosure to what is necessary.

Waves of Change Psychotherapy may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

For Payment or Health Care Operations: Waves of Change Psychotherapy will request payment from your health insurance plan. Health plans may request information from Waves of Change Psychotherapy about your mental health care. Information provided to health plans may include your diagnosis, procedures performed, dates of service, and recommended care.

For Health Care Operations: Waves of Change Psychotherapy may contact you to remind you about appointments and give you information about treatment alternatives or other health related benefits and services. Waves of Change Psychotherapy may use and disclose your information to conduct or arrange for services including: medical quality review by your health plan, accounting and billing services, legal, risk management and insurance services and audits, including fraud, abuse detection and compliance programs.

Child Abuse Reporting: If I know, or have reason to suspect, that a child under 18 has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, Waves of Change Psychotherapy is required by law to report the abuse immediately to Cass County Social Services. Once a report is filed, I may be required to provide additional information.

Adult Abuse Reporting: If I know, or have reasonable cause to suspect, that a vulnerable adult has been abused, neglected, or exploited, Waves of Change Psychotherapy is required by law to immediately make a report to Cass County Social Services. Once such a report is filed, I may be required to provide additional information.

Court Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law. Waves of Change Psychotherapy cannot provide any information without your (or your legal representative's) written authorization, or a court order is issued by a judge, or if I receive a subpoena of which you have been properly notified and you have failed to inform me that you oppose the subpoena. If you are involved in, or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order me to disclose information.

Serious Threat to Health or Safety: Under North Dakota law, if you communicate a specific and immediate threat to cause serious bodily injury or death to yourself, an identified or to an identifiable person, or the community, and have the intent and ability to carry out that threat, the law requires that Waves of Change Psychotherapy take the steps necessary to protect you and third parties, including communicating the information to the potential victim, and/or appropriate family member, and/or the police, or to seek hospitalization of the client.

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

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. If a government agency is requesting the information for health oversight activities, within its appropriate legal authority, I may be required to provide it for them.
3. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
4. For law enforcement purposes, including reporting crimes occurring on my premises.
5. To coroners or medical examiners, when such individuals are performing duties authorized by law.
6. If a client files a worker's compensation claim, and I am providing necessary treatment related to that claim, I must, upon appropriate request, submit treatment reports to the appropriate parties, including the client's employer, the insurance carrier or an authorized qualified rehabilitation provider.
7. I may disclose the minimum necessary health information to my business associates that perform functions on my behalf or provide services if the information is necessary for such functions or services. My business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

III. Client Rights and Therapist Duties

Use and Disclosure of Protected Health Information:

1. **For Treatment** - I use and disclose your health information internally in the course of your treatment. If I wish to provide information outside of my practice

for your treatment by another health care provider, I will have you sign an authorization for release of information. Furthermore, an authorization is required for most uses and disclosures of psychotherapy notes.

2. **For Payment** - I may use and disclose your health information to obtain payment for services provided to you as delineated in the Therapy Agreement.
3. **For Operations** - I may use and disclose your health information as part of my internal operations. For example, this could mean a review of records to assure quality. I may also use your information to tell you about services, educational activities, and programs that I feel might be of interest to you. I will not use or disclose your PHI for marketing purposes. I will never sell your protected health information.

Client Rights:

1. **Right to Treatment** - You have the right to ethical treatment without discrimination regarding race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.
2. **Right to Confidentiality** - You have the right to have your health care information protected. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. I will agree to such unless a law requires me to share that information.
3. **Right to Request Restrictions** - You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information disclosed about you to someone who is involved in your care or the payment for your care. If you request to disclose information to another party, you may request that the information disclosed is limited. However, Waves of Change Psychotherapy is not required to agree to a restriction you request. To request restrictions, you must make your request in writing, and include what information you want to limit, whether you want to limit my use, disclosure or both, and to whom you want the limits to apply.
4. **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.
5. **Right to Inspect and Copy** - You have the right to inspect or obtain a copy (or both) of PHI. Records must be requested in writing and a release of information form must be completed. Furthermore, there is a copying fee charge of $1.00

per page. Please make your request well in advance and allow 2 weeks to receive the copies. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.

6. **Right to Amend** - If you believe the information in your records is incorrect and/or missing important information, you can ask me to make certain changes, also known as amending, to your health information. You have to make this request in writing. You must tell me the reasons you want to make these changes, and I will decide if it is appropriate and if I refuse to do so, I will tell you why within 60 days.
7. **Right to a Copy of This Notice** - If you received the paperwork electronically, you have a copy in your email. If you completed this paperwork in the office at your first session, a copy will be provided to you per your request or at any time.
8. **Right to an Accounting** - You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process.
9. **Right to Choose Someone to Act for You** - If someone is your legal guardian, that person can exercise your rights and make choices about your health information; I will make sure the person has this authority and can act for you before I take any action.
10. **Right to Choose** - You have the right to decide not to receive services with me. If you wish, I will provide you with names of other qualified professionals.
11. **Right to Terminate** - You have the right to terminate therapeutic services with me at any time without any legal or financial obligations other than those already accrued. I ask that you discuss your decision with me in session before terminating or at least contact me by phone letting me know you are terminating services.
12. **Right to Release Information with Written Consent** - With your written consent, any part of your record can be released to any person or agency you designate. Together, we will discuss whether or not I think releasing the information in question to that person or agency might be harmful to you.
13. **Right to Collaborative Treatment** - You have the right to participate in developing your treatment plan and refuse treatment based on the information provided. You have the right to receive appropriate care based on individual needs.
14. You have the right to request and receive an explanation of your bill.

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Client Responsibilities:

Be honest and direct.

Actively participate in developing and striving to meet the goals in your treatment plan.

Ask questions if you do not understand something.

Provide accurate and complete information about symptoms, reasons for treatment, past illnesses, hospitalizations and medications.

Keep your appointments, arrive on time and if needed, try to cancel/reschedule 24 hours prior to the scheduled time.

Meet financial commitments related to care.

Be accountable for minor children in the waiting area.

Therapist's Duties:

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. Waves of Change Psychotherapy reserves the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will provide you with a revised notice in office during our session.

Complaints: If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me, the State of North Dakota Department of Health and Human Services, or the Secretary of the U.S. Department of Health and Human Services.

Notice of Privacy Practices/Rights and Responsibilities Acknowledgment

By my signature below, I acknowledge receipt of Notice of Waves of Change Psychotherapy Privacy Practices and Patient Rights and Responsibilities.

We have discussed these policies, and I understand that I may ask questions about them at any time in the future.

3175 Sienna Dr. S. Suite 101
Fargo, ND 58104
701-561-1177
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I consent to accept these policies as a condition of receiving mental health services.

Effective Date of This Notice

This notice is effective as of February 1, 2021.

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