

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. **PLEASE REVIEW THIS DOCUMENT CAREFULLY.**

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by NYFS in any form, whether electronically, on paper or orally, is kept confidential. HIPAA gives you, the client, significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. **Northeast Youth & Family Services may use and disclose your medical records only for the following: treatment, payment and health care operations.**

- **Treatment** means providing, coordinating or managing health care and related services by one or more health care providers. An example of this would include a mental health assessment.
 - **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 of services.
 - **Health care operations** include the business aspects of running NYFS, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, customer service and responding to legal requests. An example would be an internal quality assessment review. We may also create and distribute de-identified health information by removing all references to individually identifiable information. In order to bill your insurance company, however, we will need your written consent on the Authorization of Benefits form.
1. **We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.**
 2. **Email is not a secure mode of communication.** The Privacy Rule allows covered health care providers to communicate electronically, such as through email, with their clients, provided they apply reasonable safeguards when doing so. For example, certain precautions may need to be taken when using email to avoid unintentional disclosures, such as checking the email address for accuracy before sending the message to the address provided by the client. While Privacy Rule does not prohibit the use of unencrypted email for treatment related communications between health care providers and clients, information disclosed should be limited. In addition, covered entities will want to ensure that any transmission of electronic protected health information is in compliance with the HIPAA Security Rule requirements of 45 CFR, Part 164, Subpart C (HHS.gov/health information technology).
 3. **Cell phones and texting.** Text messaging is HIPAA compliant under certain circumstances provided that "reasonable administrative, physical and technical safeguards [exist] to ensure the confidentiality, integrity, and security of electronically stored or transmitted private health information." Therapists personal cell phones are not to be used to communicate with NYFS clients. Business cell phones and training are provided to therapists who have a documented need to communicate with their client(s) via text message. ePHI phones require password protection and encryption of messages. Password is to be changed every 30 days. Phones are to be turned off at 5:00 p.m. Lost or stolen cell phones must be reported immediately to the Information Technology Administrator to take steps to protect any information stored on the phone (1). Text messages should be documented in the clients electronic medical record at NYFS within two days of receipt or sending message. Text messages should be deleted from the phone within two days to help maintain security.
(1) When private health information has been breached, but the encrypted data can be deleted remotely, it will not be necessary to notify the patient or Office of Civil Rights provided that the data is removed in a timely manner.
 4. **Telephone messages are checked several times a day. Voice mail messages are changed to reflect a therapist's extended absence from the office. NYFS recommends that if you urgently need to contact your therapist, or you have issues to discuss, that you do so by phone.**

The following are situations when others may receive information about you without your specific authorization to do so:

- NYFS agency staff members may review your chart for quality assurance purposes.
- Court order received by NYFS for release of information.
- Reporting to appropriate persons of authority if there is the suspicion of abuse or neglect of a child or vulnerable adult physically, sexually or emotionally.
- Reporting to appropriate persons of authority if there is suspicion of a client using controlled substances during pregnancy, such as alcohol and/or street drugs.
- Reporting to appropriate persons of authority if there is suspicion of a client with HIV, tuberculosis or hepatitis and is endangering others.

- Reporting to appropriate persons of authority if there is suspicion of a client with plans to seriously hurt themselves or someone else, or if the client needs emergency help.
- Representatives of the state or county may see information about you as they monitor NYFS performance as a state certified mental health clinic.
- Parents may see a minor's file (minors may request an exception). Parents and guardians have access to their minor children's medical records, unless the minor legally consents for services specifically listed under the Consent of Minors for Health Services statute (Minn. Stat. §§ 144.341-144.347). In that case, parents or guardians do not have access to the minor's health care records without the minor's authorization (Minn. Stat. § 144.291, subd. 2, para. (g)). However, if a health professional believes that it is in the best interest of the minor, the health professional may inform the minor's parents of the treatment (Minn. Stat. § 144.346).
- According to the Privacy Guidelines set forth by the Federal Department of Health and Human Services, NYFS must disclose your health information to DHHS as necessary, in order for them to determine our compliance with those standards.

Any other uses and disclosures will be made only with your written authorization. **You may revoke such authorization in writing** and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

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

- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of non-routine disclosures of protected health information.
- The right to obtain and have NYFS provide you with a paper copy of this notice at your first appointment.
- The right to provide and in return receive written acknowledgement that you have received a copy of our Notice of Privacy Practices.
- The right to request non-disclosure of information to insurance or other payers for services that you pay yourself "out of pocket".

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information (PHI). We are required by law to report breaches of your PHI to you within 30 days of learning of the breach, if, after analysis, it appears that your PHI was compromised. A "breach" is unauthorized acquisition, access, use or disclosure of PHI that can compromise your privacy.

This notice is effective from beginning of service with NYFS, and we are required to abide by the terms of the Notice of Privacy Practices 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 about your HIPAA rights or to file a complaint:

Privacy Officer
Jill Buckingham, LICSW
Director, Mental Health Services
Northeast Youth and Family Services
3490 Lexington Avenue N, Suite 205
Shoreview MN 55126
Phone: (651) 486-3808

The US Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue SW
Washington, DC 20201
Phone: (202) 619-0257
Toll Free: 1-877-696-6775

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