

New Clients: Please read this Notice prior to signing the Health Information Consent Form.

MAPLE GROVE COUNSELING CENTER
13700 83rd Way Suite 205 Maple Grove, MN 55369

NOTICE OF PRIVACY PRACTICES – SHORT VERSION

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.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information. Federal laws also mandate privacy of health information. These laws are complicated, but we must provide you with important information. This pamphlet is a shorter version of the full, legally required Notice of Privacy Practices (NPP) which is located on our office bulletin board. Please refer to the full Notice for more information. You can receive a copy of the privacy practice notice. A copy of the full version is also available upon your request.

We will use the information about your health to provide you with **treatment**, to arrange payment for our services or for **health care operations**. After you have read this NPP, we will ask you to sign a **Consent Form** to let us share your information. Any questions you may have will be answered as completely as possible. We need your signed consent in order to provide treatment.

If you or your therapist want to disclose (send, share, release) your health information for any other purpose, we will discuss this with you and ask you to sign an Authorization to allow this.

Of course, we will keep your health information private, but there are times when the laws require us to use or share it such as:

1. When there is a serious threat to the health and safety of yourself, another individual, or the public. We will only share information with a person or organization who is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires this information a criminal matter.
4. For Worker's Compensation and similar benefit programs.

Please refer to the full version of your NPP for additional information regarding these mandated situations.

MAPLE GROVE COUNSELING CENTER**Your rights regarding your health information**

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask us to call you at home, but not at work, to schedule or cancel an appointment. We will do our best to comply with your wishes.
2. You have the right to ask us to limit what we tell certain individuals involved in your care or the payment for your care, such as family members. We will maintain your privacy unless we are mandated to report abuse or legal issues or there is an emergency situation.
3. You have the right to look at the health information we have about you such as your medical and billing records. You may request a copy of your medical record. Please contact our Privacy Officer to arrange how to review or get copies of your medical records (see below). Billing records can be obtained by calling our billing manager, Karen Deussenbery at Electronic Billing Management (phone: 763-434-4959). An itemized monthly billing statement will be sent to you as part of our routine treatment process. Please let us know if you want this billing statement sent to an address other than your home.
4. If you believe the information in your records is incorrect or incomplete, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer. Please indicate why this change is necessary.
5. You have the right to a copy of this notice. If we change this NPP, we will post it on our office bulletin board in the waiting area, as well as on our website at:
<http://www.maplegrovecounselingcenter.com>. You can get a copy of this, or the full version of the NPP, from our Privacy Officer at any time.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer, and with the Secretary of the Department of Health and Human Service. All complaints must be in writing. Filing a complaint will not change the health and care we provide to you in any way.

If you have questions regarding this Privacy Notice or our health information privacy policies, please contact our Privacy Officer, Ardith Messicci, RN, MA, Licensed Psychologist (Owner, MGCC). She can be reached at 763-494-8699 or by fax at 763-494-8797.

New Clients: Please download, print and sign this form. Bring this to your 1st appointment along with the other forms. Thank you.

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Consent to use and disclose your health information.

This form is an agreement between you, _____ and Maple Grove Counseling Center, PA. When we assess, diagnose, treat or refer you, we will be collecting what the law calls **Protected Health Information (PHI)** about you. We need this information to identify what treatment is best for you, to provide treatment to you and to arrange payment for treatment (e.g., sending claims for insurance benefits). A **separate and specific** Release of Information will need to be signed by you prior to sending your protected health information to other medical providers (for coordination of care) or to any other agency. This further protects your health information.

By signing this form, you are agreeing to let us use your health information at our office as described above. The Notice of Privacy Practices explains, in more detail, your rights and how we can use and share your information. **Please read the Privacy Notice before you sign this Consent form.**

If you are concerned about some of your information, you have the right to ask us to not use or share some of your information for treatment, payment or administrative purposes. You will have to tell us what you want in writing. We will do our best to comply with your wishes.

If you do not sign this consent form agreeing to what is in our Notice of Privacy Practices, we may not be able to treat you. For example, as licensed professionals, we are required to keep medical records of your treatment and insurers require billing information.

After you have signed this consent, you have the right to revoke it (by writing a letter telling us you no longer consent) and we will comply with your wishes about using or sharing your information from that time on, but we may already have used or shared some of your information and cannot change that.

Since the Notice of Privacy Practices is mandated by Federal Law (the Health Insurance Portability and Accountability Act or HIPAA) it is possible that future changes will be made in its contents. Should we make changes, you can get an updated copy of this Notice from our Office, on our website, or by calling our Privacy Officer at 763-494-8699.

Printed name of client

Signature of client

Date

_____ **Copy given to the client**

11/28/2011