



WEST END CONSULTATION GROUP

1550 Utica Ave S
St. Louis Park, MN 55416

HIPAA 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 it carefully.

We respect your privacy, and work very hard to maintain the confidentiality of your treatment with us and of your records. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so .

This information will include Protected Health Information (PHI), as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and by Minnesota state law related to health care access and disclosure.

The law protects the privacy of the health information we create and obtain in providing care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Daily Operations

For treatment:

Information obtained will be recorded in your medical record and used to help decide what care may be right for you. We may also provide information to others providing your care. This will help them stay informed about your care . For example, we may share your medical information with other physicians and health care providers, hospitals, rehabilitation therapists, laboratories, nurse case managers, worker's compensation adjusters, etc. to ensure that the medical provider has the necessary medical information to diagnose and provide treatment to you.

For payment:

Unless you pay us directly for your care, we request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, treatments recommended, and prescriptions provided.

Daily Operations:

We may call you by your first name in the waiting room when your provider is ready to see you. We may use or disclose your Protected Health Information, as necessary, to contact you to remind you of your appointment

- We use your medical records to assess quality and improve services
- We may use and disclose your information to conduct or arrange for services, including:
 - medical quality review by your health plan ;
 - accounting, legal, risk management, and insurance services;
 - audit functions, including fraud and abuse detection and compliance programs.

Disclosures without Authorization

We may use and disclose your protected health information without your authorization as follows:

- **To Report Suspected Abuse or Neglect** to public authorities.
- **To Comply With Workers' Compensation Laws** if you make a workers' compensation claim.
- **For Public Health and Safety Purposes as Allowed or Required by Law** to prevent or reduce a serious, immediate threat to the health or safety of a person or the public; to public health or legal authorities; to protect public health and safety; to prevent or control disease, injury, or disability; to report vital statistics such as births or deaths.
- **Business Associates:** We may share health information about you with business associates who are performing services on our behalf. For example, we may contract with a company to serve and maintain our computer systems, or to do our billing, or to physicians or therapists who are covering for West End Consultation Group providers. Our business associates are obligated to safeguard your health information. We will share with our business associates only the minimum amount of personal health information necessary for them to assist us. Please know and understand that all of our business associates are obligated to comply with the same HIPAA privacy and security rules in which we are obligated.
- **For Disaster Relief Purposes.** For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- **Food and Drug Administration:** We may disclose health information about you to the FDA, or to an entity regulated by the FDA, in order, for example, to report an adverse event or a defect related to a drug or medical device.
- **For Health and Safety Oversight Activities.** For example, we may share health information with the Department of Health.

- **Judicial or Administrative Proceedings:** We may disclose health information about you in the course of a judicial or administrative proceeding, in accordance with our legal obligations. As sometimes required by law, we may disclose your Protected Health Information for the purpose of litigation to include: disputes and lawsuits; in response to a court or administrative order; response to a subpoena; request for discovery; or other legal processes. However, disclosure will only be made if efforts have been made to inform you of the request or obtain an order protecting the information requested. Your information may also be disclosed if required for our legal defense in the event of a lawsuit.
- **For Law Enforcement Purposes** such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- **To Coroners, Medical Examiners, Funeral Directors.** We may disclose health information to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose health information to funeral directors, as authorized by law, so that they may carry out their jobs.
- **Practice Ownership Change:** If our medical practice is sold, acquired, or merged with another entity, your protected health information will become the property of the new owner. However, you will still have the right to request copies of your records and have copies transferred to another physician.
- **For Specialized Government Functions.** For example, we may share information for national security purposes.
- **Public Safety:** Consistent with our legal and ethical obligations, we may disclose health information about you based on a good faith determination that such disclosure is necessary to prevent a serious and imminent threat to the public or to identify or apprehend an individual sought by law enforcement, or an individual who may pose a threat to himself or others.
- **To Correctional Institutions** if you are in jail or prison, as necessary for your health and the health and safety of others.
- **For Work-Related Conditions That Could Affect Employee Health.** For example, an employer may ask us to assess health risks on a job site.
- **To the Military Authorities of U.S. and Foreign Military Personnel.** For example, the law may require us to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- **Organ and Tissue Donations.** If you are an organ donor, we may use or disclose health information to organizations that help procure, locate and transplant organs in order to facilitate an organ, eye or tissue donation and transplantation.
- **Incidental Disclosures.** We may use or disclose health information incident to a use or disclosure permitted by the HIPAA Privacy Rule so long as we have reasonably safeguarded against such incidental uses and disclosures and have limited them to the minimum necessary information.
- **Limited Data Set Disclosures.** We may use or disclose a limited data set (health information that has certain identifying information removed) for purposes of research, public health, or health care operations. This information may only be disclosed for research, public health and health care operations purposes. The person receiving the information must sign an agreement to protect the information.

Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization

Your Health Information Rights

The health and billing records we create and store are the property of West End Consultation Group. The protected health information in it, however, generally belongs to you . You have a right to:

- Receive, read, and ask questions about this Notice.
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us and we will try to comply with any request made;
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information .
- You have the right to obtain an electronic copy of medical records: You have the right to request an electronic copy of your medical record for yourself or to be sent to another individual or organization when your Protected Health Information is maintained in an electronic format. We will make every attempt to provide the records in the format you request; however, in the case that the information is not readily accessible or producible in the format you request, we will provide the record in a standard electronic format or a legible hard copy form. Record requests may be subject to a reasonable, cost based fee for the work required in transmitting the electronic medical records
- Have us review a denial of access to your health information-except in certain circumstances
- You have the right to request Amendments. At any time if you believe the Protected Health Information we have on file for you is inaccurate or incomplete, you may request that we amend the information. Your request for an amendment must be submitted in writing and detail what information is inaccurate and why. Please note that a request for an amendment does not necessarily indicate the information will be amended.
- When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give me your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

Our Responsibilities

We are required to:

- Keep your protected health information private
- Give you this Notice
- Follow the terms of this Notice. We have the right to change our practices regarding the protected health information we maintain . If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it, by viewing it on our website, or by visiting my office to pick one up.

To Ask for Help or to Register a Complaint: If you believe your privacy rights have been violated, you may file a written complaint by mailing it to us at West End Consultation Group at address above. Or if you wish to file a complaint with the Secretary of the United States Department of Health and Human Services, please go to the website of the Office for Civil Rights (www.hhs.gov/ocr/hipaa/), call 202-619-0257 (toll free 877-696-6775)

Patients' Acknowledgment of Receipt of Notice of Privacy Practice

West End Consultation Group
1550 Utica Ave S Ste 450
St. Louis Park, MN 55416

Patient Name: _____ Birth Date: _____

Patient Signature: _____ Date: _____

Patients' Consent to send information to insurance company:

By signing this form, I consent to and authorize West End Consultation Group to send my bills for medical care and treatment to my insurance company or other payor, to the extent my insurance company, or other payor, is required to pay the bill under the terms of my insurance policy or by law.

Patient Signature: _____ Date: _____