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Connected Marriage and Family Therapy 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.

Privacy is a very important concern for all those who come to my practice. It is also complicated because of the many federal and state laws and our professional ethics. If you have any questions, I will be happy to help you understand my procedures and your rights.

A. Introduction: To my clients

This notice will tell you how I handle your medical information. It tells how I use this information in my practice, how I share it with other professionals and organizations, and how you can see it. I want you to know all of this so you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask for more explanations or more details.

B. What I mean by your medical information

Each time you visit me or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you got from others, or myself or about payment for health care. The information I collect from you is called "PHI," which stands for "Protected Health Information." This information goes into your health care records in my office.

In my practice, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage and other personal history.
- Reasons you came for treatment: Your areas of growth, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your areas of growth or symptoms.
- A treatment plan: This is a list of the treatments and other services that I think will best help you.
- Progress notes: Each time you come in, I write down some things about how you are doing, what I notice about you, and what you tell me.
- Records I get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information

There may also be other kinds of information that go into your health care records here. I use PHI for many purposes. For example, I may use it:

- To plan your care and treatment.
- To decide how well my treatments are working for you.
- When I talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to me.
- To show that you actually received services from me, which I billed to you.
- For medical or psychological research.
- For public health officials trying to improve health care in this area of the country.
- To improve the way I do my job by measuring the results of my work.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health care records in my office are my physical property, the information belongs to you. You can read your records, and if you want a copy I can make one for you (but I may charge you for the costs of copying and mailing, if you want it mailed to you). In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask me to amend your records. Although in some rare situations I don't have to agree to do that. If you want, I can explain more about this.

C. Privacy and the laws about privacy

I am required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires us to keep your PHI private and to give you this notice about legal duties and privacy practices. I will obey the rules described in this notice. If I change my privacy practices, they will apply to all the PHI I keep. I will also provide the new notice of privacy practices to you if you wish.

D. How your protected health information can be used and shared

Except in some special circumstances, when I use your PHI in my practice or disclose it to others, I share only the minimum necessary PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. So I will tell you more about what I do with your information.

Mainly, I will use and disclose your PHI for routine purposes to provide for your care, and I will explain more about these below. For other uses, I must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

1. Uses and disclosures with your consent

After you have read this notice, you will be asked to sign a separate consent form to allow me to use and share your PHI. In almost all cases I intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called "health care operations." In other words, I need information about you and your condition to provide care to you. You have to agree to let me collect the information, use it, and share it to care for you properly. Therefore, you must sign the consent form before we begin to treat you. If you do not agree and consent I cannot treat you.

a. The basic uses and disclosure: For treatment, payment, and health care operations

Next I will tell you more about how your information will be used for treatment, payment, and health care operations.

For treatment. I use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy; psychological, educational, or vocational testing; treatment

planning; or measuring the benefits of my services.

I may share your PHI with others who provide treatment to you. I am likely to share your information with your personal physician. If you are being treated by a team, I can share some of your PHI with the team members, so that the services you receive will work best together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, and so we all can decide what treatments work best for you and make up a treatment plan. I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them things about you and your conditions. I will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. These are some examples so that you can see how I use and disclose your PHI for treatment.

For payment. I may use your information to bill you, your insurance, or others, so I can be paid for the treatments I provide to you. I may contact your insurance company to find out exactly what your insurance covers. I may have to tell them about your diagnoses, what treatments you have received, and the changes I expect in your conditions. I will need to tell them about when we met, your progress, and other similar things.

For health care operations. Using or disclosing your PHI for health care operations goes beyond our care and your payment. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If I do, your name and personal information will be removed from what I send.

b. Other uses and disclosures in health care

Appointment reminders. I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your work, or you prefer some other way to reach you, we usually can arrange that. Just tell me. Treatment alternatives. I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

Other benefits and services. I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you. Research. I may use or share your PHI to do research to improve treatments—for example, comparing two treatments for the same disorder, to see which works better or faster or costs less. In all cases, your name, address, and other personal information will be removed from the information given to researchers. If they need to know who you are, I will discuss the research project with you, and I will not send any information unless you sign a special authorization form. Business associates. I hire other businesses to do some jobs for me. In the law, they are called our “business associates.” Examples include a copy service to make copies of your health records, and a billing service to figure out, print, and mail bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with me to safeguard your information.

2. Uses and disclosures that require your authorization

If I want to use your information for any purpose besides those described above, I need your permission on an authorization form. I don’t expect to need this very often. If you do allow me to use or disclose your PHI, you can cancel that permission in writing at any time. I would then stop using or disclosing your information for that purpose. Of course, I cannot take back any information I have already disclosed or used with your permission.

3. Uses and disclosures that don’t require your consent or authorization

The law lets me use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when I might do this.

a. When required by law

There are some federal, state, or local laws that require me to disclose PHI:

- have to report suspected child abuse. If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- I have to disclose some information to the government agencies that check on me to see that I am obeying the privacy laws.

b. For law enforcement purposes

I may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

c. For public health activities

I may disclose some of your PHI to agencies that investigate diseases or injuries.

d. Relating to decedents

I may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

e. For specific government functions

I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

f. To prevent a serious threat to health or safety

If I come to believe that there is a serious threat to your health or safety, or that of another person or the public, I can disclose some of your PHI. I will only do this to persons who can prevent the danger.

4. Uses and disclosures where you have an opportunity to object

I can share some information about you with your family or close others. I will only share information with those involved in your care and anyone else you choose, such as close friends or clergy. I will ask you which persons you want me to tell, and what information you want me to tell them, about your condition or treatment. You can tell me what you want, and I will honor your wishes as long as it is not against the law.

If it is an emergency, and so I cannot ask if you disagree, I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information, in an emergency, I will tell you as soon as I can. If you don't approve I will stop, as long as it is not against the law.

5. An accounting of disclosures we have made

When I disclose your PHI, I may keep some records of whom I sent it to, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures.

E. As a consumer of Marriage and Family Therapy services offered by Marriage and Family Therapists licensed in the State of Minnesota, you have the following rights concerning your health information:

1. To expect that a therapist has met the minimal qualifications of training and experience required by state law.
2. To examine public records maintained by the Board of Marriage and Family Therapy which contain the credentials of a therapist
3. To obtain a copy of the code of ethics from the State Register and Public Documents Division, Department of Administration, 117 University Avenue, Saint Paul, MN 55155
4. To report complaints to the Board of Marriage and Family Therapy, University Park Plaza Building, 2829 University Avenue SE, Suite 330, Minneapolis, MN 55414-3222
5. To be informed of the cost of professional services before receiving the services.

6. To privacy as defined by rule and law
7. To be free from being the object of discrimination on the basis of race, religion, gender or other unlawful category while receiving services
8. To be free from exploitation for the benefit or advantage of a therapist
9. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment. I will try my best to do as you ask.
10. You have the right to ask me to limit what I tell people involved in your care or with payment for your care, such as family members and friends. I don't have to agree to your request, but if I do agree, I will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you.
11. You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records, but I may charge you.
12. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request in writing and send it to me. You must also tell me the reasons you want to make the changes.

F. If you have questions or problems

If you need more information or have questions about the privacy practices described above, please speak to me. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact me. As stated above, you have the right to file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. I promise that I will not in any way limit your care or take any actions against you if you complain. If you have any questions or problems about this notice or my health information privacy policies, please contact me.

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**Connected Marriage and Family Therapy
Professional Disclosure**

Thank you for trusting me to help you navigate your current life transition. During our time, I commit to provide to you compassionate and quality care. I am a Licensed Marriage and Family Therapist in the State of Minnesota. I received my training at Bethel Seminary in St. Paul, MN. I have clinical experience treating individuals in a variety of settings, in-home, office, jail and prison. I have worked with individuals, couples, families and also groups, addressing: parenting and marriage/dating issues, domestic violence, anger management, depression, anxiety and adjustment issues. Additionally, I am approved to facilitate the Parenting the Love and Logic Way™ curriculum and can do so in a group or individually. I am also certified to practice EAGALA (Equine Assisted Growth and Learning Association) Model Equine Assisted Psychotherapy/Learning and am able to utilize an area organization to provide this type of therapy.

Traditionally, mental health services take place in an office setting. However, for many individuals and families, there are too many barriers present for this to happen. And for other households, engaging in mental health treatment in the comfort of your own living room sounds particularly appealing and convenient. Home-based care is a highly effective modality for the delivery of mental health treatment.

If you have any questions or concerns regarding your treatment, I invite you to ask me. I want to work with you, not for you. Therefore, our relationship is a team, and consequentially we need to be open with how the process is going. Again, I thank you for trusting me to assist you in your journey.

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