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NOTICE OF PRIVACY PRACTICES

This **Notice of Privacy Practices** (NPP) describes how I may use and disclose your **protected health information** (PHI) to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related healthcare services. After you have read this NPP, I ask that you sign the enclosed slip declaring your consent to let this practice use and share your information, in accordance with the following stipulations. If you do not consent and sign this form, I cannot treat you.

An important understanding for anyone seeking psychotherapeutic services is the nature of confidentiality in their therapy. While all matters related to your therapy are held in the strictest professional confidence, there are some important details for you to know.

Clients have a clinic record that is kept locked in the office. A signed authorization, designating specifically what may be released, for what purpose, and to whom, is routinely required before any information from this record is shared with anyone. Each individual has his/her record kept separately. For couples seeking services together, or for families in joint sessions, combined records may be kept. To release combined records, all persons involved must sign an appropriate release form. If both or all parties involved with combined records are not in agreement with the release of information, then only the authorizing person's individual records will be released. While parents are legally allowed to obtain information about their minor children, parents are encouraged to respect the privacy and confidentiality of their children.

HOW PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED

Information gathered from you during an interview, testing, or therapy session is generally classified as private, meaning that only you or other individuals you designate can see this information under legally specified circumstances. Information can only be released to your insurance company with your written consent.

Private information is only disclosed in the following circumstances:

- You provide written permission for me to release specific information to someone you designate. You can revoke this permission, in writing, at any time.
- Legally, there are a few instances when private information may be or must be released without your permission. Some examples of these instances include:
 - In a medical emergency.
 - Upon receipt of a valid court order or federal grand jury subpoena.
 - Under Minnesota Law, I am required to report allegations of abuse or neglect of minors or of vulnerable adults to the appropriate protective and/or a law enforcement agency (you can learn more about this law/requirement by contacting the Minnesota Health Information Clearinghouse, MN Department of Health at 651-282-6314).

- I am required to report, without your consent, to a law enforcement agency if you make a direct threat on the life of the President of the United States.
- I am required to act to protect you or another person if you make a direct threat to harm another person or yourself. This may involve informing the other person without your consent or contacting legal or medical emergency services without your consent.

Some information I obtain from you is classified as confidential. Confidential information is not open to anyone, even you. Information pertaining to this category consists of facts that deal with adoption, civil or criminal investigations, certain medical data (even for minors), and the names of persons who have reported child or vulnerable adult abuse or neglect.

If you have a third party HMO, PPO or insurance company and give your permission in writing for me to file for payment with the insurance company, your insurance company may request more detailed information about you. They, as well as I, are bound by the legal provision to request only "minimum medically necessary" information.

You have the right to request restrictions on certain uses and disclosures. However, I am not required to agree to your request to release only partial data. For example, you may request that I exclude the results of psychological testing to another provider who is making medical decisions about you. I may or may not agree to this restriction. You may be left with the choice of releasing more complete records or no records, rather than a partial set of records. Also, you have the right to request that I communicate with you confidentially. For example, to speak with you only in private; to send mail to an address you designate; or to telephone you at a number you designate. I ask that your request be made in writing, so that I can make every attempt to honor your request.

HOW YOU CAN ACCESS YOUR RECORDS

You have a right to see a listing of all the disclosures I have made from your records. You may also request to seek or obtain copies of your records. To do this you must ask me to see your file and must make the request in writing if you want any copies. Normally, an examination of your file can occur as soon as is mutually convenient. The law requires me to respond to your request in no more than 10 working days. Your access to records is free of charge, but you will be charged for any copies.

Note that after viewing your file, you have the right to request an amendment to your records. For example, if there is a factual error, you can request, in writing, that it be amended.

COMPLAINTS

If, for any reason you are not satisfied with the services you receive from me, please talk it over with me. I will make every effort to correct any situation which led to your concern if it appears to have a legitimate basis and was made in good faith. If my handling of the concern is still not satisfactory to you, or if you believe I have in some way violated your rights, you have the right to file a complaint with me, with the U.S. Department of Health and Human Services, and/or with the Minnesota Board of Psychology.

The effective date of this notice is 04/24/2009.

Kevin Harrington, PhD, LP.

I have received a copy of the document labeled “DATA PRIVACY” from Dr. Harrington.

Signature

Date