



The Emily Program

Personalized treatment for eating disorders.

NOTICE OF PRIVACY PRACTICES

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), The Emily Program and Anna Westin House (referred to as "The Emily Program") are required to provide you with information regarding our responsibilities to you in how your psychological and medical information (protected health information, referred to as PHI) may be used and disclosed, and how you might access this information. This notice is intended to clarify these responsibilities and rights. Please ask us if you have further questions regarding the use or disclosure of your PHI.

USES AND DISCLOSURES

The following are ways in which The Emily Program may use or disclose your protected health information (PHI).

For Your Treatment

The Emily Program may use or disclose your protected health information in order to provide treatment to you. This includes situations when our providers share information about you internally for case coordination, or when they work with external providers to write or order a prescription, perform lab testing or otherwise help carry out your treatment services.

For Payment

The Emily Program may use or disclose your PHI in order to bill you, your insurance company or a member of your family for charges related to treatment and services that we provide to you. For instance, when we submit a claim to your insurance company for reimbursement, we must provide some details regarding your treatment in order to verify eligibility and coverage.

For Our Health Care Operations

We may use or disclose your PHI as part of our other operational procedures such as quality improvement, performance evaluation and compliance reviews. An example of using your information for our operations purposes would be to review the care provided to you to evaluate its effectiveness, efficiency and quality. We may also use information on the care provided to you for business planning, workforce planning and budget management.

With Your Authorization

In order to use or disclose your health information for any reasons other than those stated in this notice, we will need a written authorization from you. Authorization can be provided using The Emily Program's *Authorization for Release of Protected Health Information* form and will specify the entity to which you are authorizing disclosure, which information you are authorizing us to disclose, and the purpose of the disclosure to that entity.

The Emily Program also keeps psychotherapy notes for most clients. These are given a higher degree of protection and cannot be disclosed without your express permission. You have the opportunity to specifically authorize disclosure of psychotherapy notes on the *Authorization for Release of Protected Health Information* form.

Any written authorizations that you provide expire after one year unless otherwise specified; however, you may revoke an authorization at any time by notifying us in writing. If this should ever be the case, please be aware that revocation will not impact any uses or disclosures that occurred while the authorization was in effect.

Other Unique Situations

- *In Cases of Child Abuse* - If we know or have reason to suspect that a child is being neglected or abused, or that a child has been neglected or abused within the preceding three years, we must immediately report this to the local welfare agency, police or sheriff's department. We may need to disclose PHI to adequately and accurately report the abuse.
- *Public Health Activities* – We may use or disclose PHI to the appropriate entities or authorities responsible for ensuring public health. Examples of this include reporting a negative reaction or problem resulting from a drug to the FDA or notification to the Centers for Disease Control and Prevention (CDC) of exposure to a communicable disease when notification is required.

- *In Cases of Adult and Domestic Abuse* - If we have reason to believe that a vulnerable adult is being or has been maltreated, or if we have knowledge that a vulnerable adult has sustained an injury which cannot be reasonably explained, we must immediately report that information to the appropriate county or law enforcement agency. A "vulnerable adult" is someone who possesses a physical, mental or emotional infirmity or dysfunction that impairs their ability to care for themselves without assistance or protect themselves from maltreatment. We may need to disclose PHI to adequately and accurately report the maltreatment.
- *Research* – The Emily Program may use or disclose PHI for research purposes under certain limited circumstances. We will obtain written authorization from you in these cases unless an Internal Review Board has determined that your authorization may be waived; this may only happen if the following conditions have been met:
 - The disclosure involves no more than a minimal risk to your privacy as demonstrated by a plan to protect and destroy identifying information at the earliest opportunity, and written assurances that PHI will not be re-used.
 - The research could not be conducted without the waiver.
 - The research could not be conducted without the use of PHI.
- *For Purposes of Health Oversight Activities* - The Minnesota Board of Psychology or other state regulatory agencies may subpoena records from us that include PHI if they are relevant to an investigation being conducted as part of oversight activities of the health care system or government programs.
- *Judicial and Administrative Proceedings* - If you are involved in a court proceeding and a request is made for information regarding the professional services that we have provided to you, such information is privileged under state law and we must not release this information without a court order or written authorization from you or your legally appointed representative. PHI may be disclosed for this purpose in response to a subpoena or other lawful process, in which case, we will inform you.
- *Serious Threat to Health or Safety* - We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or to the public. We must also do so if a member of your family or someone who knows you well has reason to believe you present an imminent threat of harm to yourself or others. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- *Business Associates* – We will share your PHI with business associates that assist The Emily Program in business and other administrative operations. Business associates include people or companies outside of The Emily Program who provide services to us. For example, health information may be disclosed by The Emily Program to a vendor to send statements and process payment for services rendered. The Emily Program's business associates must comply with HIPAA laws and we have agreements with them to protect the privacy and security of your PHI.

PATIENT RIGHTS

You have the following rights related to your protected health information and privacy.

Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of protected health information. If you have paid your health care provider in full for a particular health care service or item and specifically request that we not disclose information about this health care item or service to your health plan for payment or healthcare operations purposes, we will agree to this request. Federal law states that we are not otherwise required to agree to your request. If we do agree, however, we are bound to and will comply with your request unless otherwise required by law or in order to treat you. To request a restriction, you must provide us, in writing 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply.

Right to Receive Confidential Communications

You have the right to request and receive confidential communications about your health, treatment or related issues in a particular manner or at a certain location. For instance, you may prefer us to contact you at your home phone number rather than your work phone number. The Emily Program will accommodate all reasonable requests.

Right to Inspect and Copy

You have the right to inspect or obtain a copy (or both) of PHI – not including psychotherapy notes – that is used to make treatment decisions about you for as long as the PHI is maintained in our records. We may deny you access to PHI under certain circumstances, but in those cases, you may have this decision reviewed. On your request, we will discuss with you the details of this process.

Right to Amend

If you feel the health information we have about you is incorrect or incomplete, you may ask us to amend the information as long as the information is kept on file. Your request must include a reason to support the amendment and you will be notified in writing if your request is denied. If it is denied, you have the right to submit a written statement of your disagreement with the denial which will be appended or linked to the PHI in question.

Right to an Accounting of Disclosures

You have the right to receive a list of disclosures we have made of your PHI for purposes other than routine treatment, payment or operations activities. Your request must state a time period that is not longer than 6 years.

Right to Receive Breach Notification

If The Emily Program or any of its business associates experience a breach of your health information (as defined by HIPAA laws) that compromises the security or privacy of your health information, you will be notified of the breach and about any steps you should take to protect yourself from potential harm resulting from the breach.

Right to a Paper Copy

You have the right to obtain a paper copy of this notice from The Emily Program upon request at any time.

THE EMILY PROGRAM'S DUTIES AND OTHER INFORMATION

The Emily Program is required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices with respect to PHI.

We reserve the right to change our policies and practices regarding how we use or disclose PHI, or how we will implement patient rights concerning PHI. We reserve the right to change this notice and to make the provisions in our new notice effective for all information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. The revised notice will be posted and available at our places of service and on our website at **www.emilyprogram.com**.

Complaints

If you are concerned that we have violated your privacy rights or you disagree with a decision that we made about access to your records, you may make a complaint to The Emily Program's Compliance Specialist or make a written complaint to the Secretary of the Department of Health and Human Services. You will not be penalized for filing a formal complaint. You may also call The Emily Program's Compliance Specialist to discuss your complaint or any privacy-related questions you may have.

Effective Date

This notice will go into effect July 2nd, 2010.