



Notice of Privacy Practices

Your Information - Your Rights - Our Responsibilities

This notice describes how protected health information about you may be used and disclosed, and how you can get access to this information. **Please review it carefully.**

Protected Health Information (PHI) is any information, whether oral, electronic, or paper, that is created or received by Dakota Roots Therapy, PLLC and relates to your health care or payment for the provision of health care. PHI includes basic demographic information about you (your name, address, phone number, date of birth, social security number, insurance plan information), diagnoses and treatment information that relates to your past, present or future physical or mental health or condition and related health services. Timely and complete PHI about you must be maintained and made available to Dakota Roots Therapy, PLLC in order to accurately serve you.

Your Rights Regarding Your Protected Health Information

This section explains your rights and some of our responsibilities to help you. Although your case record is the physical property of Dakota Roots Therapy, PLLC, the information belongs to you. Any requests regarding your health information must be made in writing to the program director or designee. We may not agree to all of your requests. **You have the right to:**

Request to Inspect and Copy your protected health information (PHI) according to federal/state/agency regulations/standards	- You may review and receive a copy of protected health information about you that is contained in a case record for as long as we maintain the protected health information. We may charge a reasonable cost-based fee for your request. - We will provide a copy or a summary of your protected health information, usually within 30 days of your request. If your information is available in an electronic format, you may request that an electronic copy of your protected health information be provided to you or transmitted to another individual or entity. If the protected health information is not readily producible in the form or format you request, the information will be provided in a mutually agreed upon format. - In very limited circumstances, we may limit or deny you access. You have the right to request a review of most denials. We will notify you if we deny your request and tell you how to request a review of the denial.
Request to Amend your protected health information	- If you believe that health information we have about you is incorrect or incomplete, you may ask us to amend the information, provided it is a record we created or have had maintained for us. You may ask for an amendment to information in a case record for as long as we maintain the information. - In certain cases, we may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request that Communicate with you in a certain way or at a certain location	- You can ask us to contact you in a specific way (for example, home or office phone) or send mail to a different address. - We may request further information on how payments will be handled under the alternate means or your location request. - We will say “yes” to all reasonable requests. - You can ask us not to use or share certain protected health information for treatment, payment, or our operations.



Request Restrictions on certain uses or disclosures of your protected health information	• We are not required to agree to your request, and we may say “no” if it would affect your care. • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. • We will say “yes” unless a law requires us to share that information.
Request a Listing of Uses and Disclosures of your protected health information	• You can ask for a list (accounting) of the times we’ve shared your health information, who we shared it with, and why, for six years prior to the date you ask. • We will include all disclosures except for those about treatment, payment, and health care operations, and certain other activities (such as any you asked us to make). We will provide one list (accounting) a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. • The right for you to receive this information is subject to certain restrictions and limitations.
Choose someone to act on your behalf	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
Receive a copy of this Notice of Privacy Practices	• You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Your Choices

For certain health information, you can tell us your choices about what we share. You have choices in the way we use and share your information. You may tell us your preferences for how we use and share information in order to provide mental health care, provide disaster relief, inform family or friends about your condition, raise funds or market our services.

In these cases, you have both the right and choice to tell us not to:	• Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation <i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i>
In these cases, we <i>never</i> share your information unless you give us written permission:	• Marketing purposes. We will not sell your information. • Uses or disclosures of psychotherapy notes.



In the case of fundraising:	To provide fundraising information to clients within certain programs, but you can tell us not to contact you again.
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Our Uses and Disclosures

How do we typically use or share your protected health information?

Dakota Roots Therapy, PLLC may use and disclose your protected health information in the following circumstances – on a “need to know” basis only:

To provide Treatment or Services	We can use and disclose your protected health information to provide, coordinate and manage your care.	<i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i>
To obtain Payment for treatment or services	We can use and share your health information to bill and get payment from health plans or other entities.	<i>Example: We give information about you to your health insurance plan so it will pay for your services.</i>
For Agency Operations, as appropriate. Examples could be our Performance and Quality Improvement program or in the process of accreditation	We can use and share your protected health information to run our practice, improve your care, and contact you when necessary	<i>Examples: We may use protected/health information about you to manage your treatment and services, inform you of treatment alternatives and options and tell you about our other services.</i> <i>We may provide appointment reminders within certain programs (by phone or mail, etc.)</i>

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For continuum of care	If you are receiving more than one type of service or treatment from us or an organization or professional that performs functions on our behalf, information may be shared on a “need to know” basis.
Help with public health and safety issues	We can share health information about you for certain situations such as: - To prevent or control communicable diseases or illnesses, or report the contracting or spreading of such conditions - Helping with product recalls - Reporting adverse reactions to medications
For research or education	- We can use or share your information for health research projects if we receive certain assurances which protect your privacy, and as approved according to the agency’s policy or as required by law. - We may disclose protected health information to student interns or consultants for review and learning purposes.



When required by law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. • If we become aware through our work that you may be a danger to yourself or others; • If we become aware of or suspect abuse or neglect of a child; • If we become aware of or suspect abuse or neglect of a vulnerable adult
To law enforcement and other government agencies	We can use or share protected health information about you: • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For authorized government functions such as military, national security, and presidential protective services
Response to a lawsuit or legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.
In the event of an emergency	• To contact a family member or significant other to inform them of your circumstances or well-being

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you if a breach occurs that may have compromised the privacy or security of your protected health information.
- We must follow the duties and privacy practices described in this Notice and provide you with a copy.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time by letting us know in writing of your wishes.
- State or federal laws that are more stringent than the federal HIPAA Privacy Regulations supersede the federal rules. Dakota Roots Therapy, PLLC will abide by the more stringent laws as they apply.

Drug and Alcohol Treatment Information

The confidentiality of records regarding drug and alcohol treatment is protected by Federal law and regulations (42 CFR Part 2 and 45 CFR Parts 160 and 164). Information identifying you as a drug or alcohol treatment recipient or other information regarding your care will not be released unless 1) you give your consent in writing, 2) the disclosure is allowed by court order, or 3) the disclosure is made to medical personnel in a medical emergency. Violation of Federal alcohol and drug abuse patient records law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against a person who works for the program or about any threat to commit such crime. Federal laws and regulations do not protect any information about suspected abuse or neglect from being reported under state law to appropriate state or local authorities.



Electronic Communications

Dakota Roots Therapy, PLLC personnel are trained to limit electronic communication of client information whenever possible because of associated security risks. If you choose to communicate electronically with your service provider (email, cell phones, etc.), please be aware that there are security risks and take precautions to protect your health information.

Questions about this Notice or to report a complaint

Questions or complaints regarding this Notice or how the practice handles your protected health information may be directed to Dakota Roots Therapy, PLLC admin staff or your Dakota Roots Therapy, PLLC provider.

You may also file a complaint with the Secretary of Health and Human Services by writing or calling: U.S. Department of Health and Human Services, Office for Civil Rights, Region VIII, 999 18th Street, Suite 417, Denver, CO 80202, **Toll Free:** (800) 368-1019, **Fax:** (303) 844-2025, **TTY:** (800) 537-7697

There will be no retaliation against you for filing a complaint.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html