

NOTICE OF PRIVACY PRACTICES
THOMAS ALLEN, INC.

EFFECTIVE DATE OF THIS NOTICE: 3/1/2021

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Pledge and Legal Duty to Protect Health Information About You.

The privacy of your health information is important to us. We are required by federal and state laws to protect the privacy of your health information. We refer to this information as “protected health information,” or “PHI”. We must give you notice of our legal duties and privacy practices concerning PHI, including:

- We must protect PHI that we have created, received, maintained or transmitted about your past, present, or future health condition, health care we provide to you, or payment for your health care.
- We must notify you about how we protect PHI about you.
- We must explain how, when and why we use and/or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in this Notice.
- We must abide by the terms of this Notice.

We are required to abide by the terms of this Notice. We will comply with and make relevant revisions to this notice within 180 days of any new or modified standards by the Federal Code or State Statutes. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain. We will post a revised notice in our offices, make copies available to you upon request and post the revised notice on our website.

Minnesota Patient Consent for Disclosures

For most disclosures of your health information we are required by State of Minnesota Laws to obtain a written consent from you, unless the disclosure is authorized by Law. This consent may be obtained prior to service initiation, on the first day of service delivery or at a later point in the provision of services to you, when the need arises to disclose your health information to others outside of our organization.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

1. Uses and Disclosures of Your Protected Health Information for Purposes of Treatment, Payment and Health Care Operations

Health Care Treatment. We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing the delivery of health services with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray, medical appointment, or other health care services.

Payment. We may use and disclose your medical information to others to bill and collect payment for the treatment and services provided to you. For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and type of service provided. Before you receive scheduled services, we may share information about these services with the county, state or other entity that is responsible for payment. Sharing information allows us to ask for coverage and approval of payment before we provide the services. We may also share portions of your medical information with the following: 1) Billing departments; 2) Collection departments or agencies; 3) Insurance companies, health plans and their agents which provide you coverage; 4) Utilization review personnel that review the care you received to check that it and the costs associated with it were appropriate for the service provided; and 5) Consumer reporting agencies (e.g., credit bureaus). Page 3 outlines your Right to Request Restrictions on Use and Disclosure.

Health Care Operations. We may use and disclose PHI in performing business activities, which we call “health care operations.” For example: Members of our staff, such as the program directors and managers, may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. Receiving, summarizing and maintaining psychotherapy notes is part of our healthcare operations. This information is used to complete current assessments, develop relevant programmatic interventions, and to monitor psychotropic medication management.

Our Business Associates. There are some services provided in our organization through contacts with business associates. Examples include temporary staff agencies, agencies that provide you staff when we are unable to. When these services are contracted, we may disclose your health information to them so that they can perform the job we’ve asked them to do. So that your health information is protected, however, we require the business associate to sign a contract ensuring their commitment to protect your PHI consistent with this Notice and to appropriately safeguard your information.

2. Uses and Disclosures of Your Protected Health Information that Require Your Authorization.

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization, different from the Informed Consent we have you sign annually, to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

- *Research:* We may disclose information to external researchers with your authorization, which we will attempt to collect in a manner consistent with applicable state laws.
- *Marketing:* We will not be able to use or disclose your name, contact information or other PHI for purposes of marketing without your written authorization. This does not include informing you about treatment alternatives or other health related products or services that may be of interest to you, provided we cannot benefit financially.
- *Selling PHI:* While we do not engage in this practice, we must obtain your authorization to sell your Personal Health Information.
- *Psychotherapy Notes:* Psychotherapy notes may be maintained in our records, provided we make you aware of this, and how we use that information. Psychotherapy notes serve to document diagnosis and subsequent changes, to record changes in treatment orders by the therapist, to update assessments, and to complete routine progress reports and effective recommendations for programmatic or chemical interventions. These summaries and progress reports are copied to interdisciplinary team members that you authorize. Copies of psychotherapy evaluations may be copied to county case managers and vocational case managers to establish admission and for continued service.
- *Immunizations:* We may disclose your childhood immunizations record to schools prior to admitting you to their program, provided we obtain your verbal authorization to this disclosure.

3. Use and Disclosure Authorized by Law that Do Not Require Your Consent, Authorization or Opportunity to Agree or Object.

Under certain circumstances we are authorized to use and disclose your health information without obtaining a consent or authorization from you or giving you the opportunity to agree or object. These include:

- When the use and/or disclosure is authorized or required by law. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- When the use and/or disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the disclosure relates to victims of abuse, neglect or domestic violence.
- When the use and/or disclosure is for health oversight activities. For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.
- When the disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- When the disclosure is for law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the use and/or disclosure relates to decedents. For example, we may disclose PHI about you to a coroner or medical examiner, or involved family and friends, consistent with HIPAA regulations and applicable laws, to carry out their duties.
- When the use and/or disclosure relates to Worker's Compensation information. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and eminent threat to the health or safety of a person or the public.
- When the use and/or disclosure relates to specialized government functions. For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.

YOUR INDIVIDUAL RIGHTS

A. Right to Request Restrictions on Uses and Disclosures of PHI

You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection 3 of the previous section of this Notice. You may request a restriction by submitting your request in writing to us. We will notify you if we are unable to agree to your request. You have the right to request that Personal Health Information not be disclosed to a health plan for those services for which you paid out of pocket in full, for a health care item or service. We are required to abide by your request.

B. Right to Request Communications via Alternative Means or to Alternative Locations

Periodically, we will contact you by phone, e-mail, postcard reminders, or other means to the location identified in our records with appointment reminders, results of tests or other health information about you. You have the right to request that we communicate with you through alternative means or to alternative locations. For example, you may request that we contact you at your work address or phone number or by e-mail. While we are not required to agree with your request, we will make efforts to accommodate reasonable requests. You must submit your request in writing.

C. Right of Access to Information

You have the right to request to see and receive a copy within 30 days, with one 30 day extension if needed, of PHI contained in billing and other records used to make decisions about you. You have the right to request an electronic copy. Your request must be in writing. We may charge you related fees including staff labor time, and the cost of a CD, Flash Drive, or other medium on which a copy is produced. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. If requested by you, we will transmit a copy of your Personal Health Information directly to a person designated by you. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. Thomas Allen, Inc. uses a secure encryption system to protect any electronic transmission of data through Thomas Allen, Inc.'s server.

D. Right to Request Amendment of PHI.

You have the right to request that we make amendments to financial and other health-related information that we maintain and use to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment and, when appropriate, provide supporting documentation. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph C. above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment.

E. Right to Request an Accounting of Disclosures of PHI

You have the right to a listing of certain disclosures we have made of your PHI. You must request this in writing. You may ask for disclosures made up to six (6) years before the date of your request (not including disclosures made prior to April 14, 2003). The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information. If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee.

F. Right to Notice of Breach

You have the right to be provided notice of breach of your unsecured Personal Health Information. This right must be exercised by our business associates and their subcontractors as well. You will receive the notice directly from the agency involved with the breach (i.e., Thomas Allen, Inc., or our business associate or their subcontractor) within 60 calendar days after discovery of breach. You will receive a summary of what happened, the date of occurrence, and date of discover, the Personal Health Information involved, steps to protect yourself from harm, investigative action and contact information. Please note that Thomas Allen, Inc, our business associates and their subcontractors report all breach of Personal Health Information as a best practices effort, regardless of the level of risk of compromise as defined in HIPPA Rules 2013.

G. Right to Receive a Copy of This Notice.

You have the right to request and receive a paper copy of this Notice at any time. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services or when the first contact is not in person, and then we will provide the Notice to you as soon as possible). We will make this Notice available in electronic form and post it in our web site. Our web site address is: www.thomasalleninc.com

QUESTIONS OR COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact our Chief Executive Officer. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may file a complaint with our Chief Executive Officer. You can also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Office Contact Information

Title: Director of Operations

Address: 1550 Humboldt Avenue, West St. Paul, MN 55118

Telephone: 651-450-1802 Fax: 651-450-7923

ACKNOWLEDGEMENT OF RECEIPT

My signature below indicates that I have been provided with a copy of this Notice of Privacy Practices.

Signature of Individual or Legal Representative

Date

Individual or Legal Representative Name (Print)

Program

Distribution:

- Original signed to individual file
- Copy to individual or individual's legal representative

Date of 1 st attempt to obtain signature:	Date of 2 nd attempt to obtain signature:
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