



Notice of Privacy Practices of HopeAllianz Inc

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HOPEALLIANZ INC

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NOTICE OF PRIVACY PRACTICES

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), HopeAllianz Inc is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). To comply with certain legal requirements, HopeAllianz Inc creates a record of the care and services each individual receives to better provide you with quality care.

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

I. HOPEALLIANZ INC'S PLEDGE REGARDING HEALTH INFORMATION:

HopeAllianz Inc understands that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from HopeAllianz Inc. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which HopeAllianz Inc may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. HopeAllianz Inc is required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of HopeAllianz Inc’s legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

- HopeAllianz Inc can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, in HopeAllianz Inc’s office, and our website, www.hopeallianz.com.

II. HOW HOPEALLIANZ INC MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that HopeAllianz Inc may use and disclose health information. For each category of uses or disclosures we have explained what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways HopeAllianz Inc is permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the client to use or disclose the client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. HopeAllianz Inc may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a client for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, HopeAllianz Inc may disclose health information in response to a court or administrative order. HopeAllianz Inc may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Psychotherapy Notes. HopeAllianz Inc does keep “psychotherapy notes” as that term is defined as notes recorded (in any medium) by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical

record, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is: a. For HopeAllianz Inc's use in treating you. b. For HopeAllianz Inc's use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For HopeAllianz Inc's use in defending our mental health practice in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate HopeAllianz Inc's compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others.

Marketing Purposes. HopeAllianz Inc will not use or disclose your PHI for marketing purposes.

Sale of PHI. HopeAllianz Inc will not sell your PHI in the regular course of business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, HopeAllianz Inc can use and disclose your PHI without your Authorization for the following reasons:

- 1 When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- 2 For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- 3 For health oversight activities, including audits and investigations.
- 4 For judicial and administrative proceedings, including responding to a court or administrative order, although it is our preference to obtain an Authorization from you before doing so.
- 5 For law enforcement purposes, including reporting crimes occurring on HopeAllianz Inc's premises.
- 6 To coroners or medical examiners, when such individuals are performing duties authorized by law.
- 7 For research purposes, including studying and comparing the mental health of clients who received one form of therapy versus those who received another form of therapy for the same condition.

8 Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

9 For workers' compensation purposes. Although HopeAllianz Inc's preference is to obtain an Authorization from you, HopeAllianz Inc may provide your PHI in order to comply with workers' compensation laws.

10 Appointment reminders and health related benefits or services. HopeAllianz Inc may use and disclose your PHI to contact you to remind you that you have an appointment with Dr Jody L Friesen Grande. HopeAllianz Inc may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that HopeAllianz Inc offers.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT. Disclosures to family, friends, or others. HopeAllianz Inc may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION (PHI):

1 The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask HopeAllianz Inc not to use or disclose certain PHI for treatment, payment, or health care operations purposes. HopeAllianz Inc is not required to agree to your request, and it may be rejected if it would adversely affect your health care.

2 The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

3 The Right to Choose How HopeAllianz Inc Sends PHI to You. You have the right to ask HopeAllianz Inc to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and HopeAllianz Inc will agree to all reasonable requests.

4 The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other

information that HopeAllianz Inc has about you. HopeAllianz Inc will provide you with a copy of your record, or a summary of it, within 30 days of receiving your written request, and HopeAllianz Inc may charge a reasonable, cost for doing so.

5 The Right to Get a List of the Disclosures HopeAllianz Inc Have Made. You have the right to request a list of instances in which HopeAllianz Inc has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided HopeAllianz Inc with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list HopeAllianz Inc will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, HopeAllianz Inc may charge you a reasonable fee for each additional request.

6 The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that HopeAllianz Inc correct the existing information or add the missing information. Your request may be rejected, you will be notified why in writing within 60 days of receiving your request.

7 The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

8 Complaints: If you desire further information about your privacy and confidentiality rights, or are concerned that we have violated these rights or disagree with a decision that we made about access to your protected health information, you may contact Dr Jody L Friesen Grande, HopeAllianz Inc at 763 546 6624 or email jodygrande@hopeallianz.com. You may also file a written letter of complaint with the Secretary of the Department of Health and Human Services. We will not retaliate against you if you file a complaint.

If you have questions about this Notice of Privacy Practice contact Dr Jody L Friesen Grande at 763 546 6624 or email to jodygrande@hopeallianz.com.

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ACKNOWLEDGEMENT
Notice of Privacy Practices for HopeAllianz Inc

By signing, I acknowledge that I have received, read, understood and agree to the items contained in the Notice of Privacy Practices for HopeAllianz Inc.

Signature

Date