

Birchwood Counseling, LLC

Birchwood Counseling, LLC Notice of Privacy Practices:

This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The effective date of this notice is April 1, 2020. The release of this information is in accordance with state and federal laws and the ethics of the counseling profession.

This notice describes Birchwood Counseling, LLC policies related to the use and disclosure of protected health information for the purpose of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary for quality of care. State and federal laws allow us to use and disclose your health information for these purposes.

I. Uses and Disclosures

Birchwood Counseling LLC may use and disclose your personal/health information in the following circumstances on a “need to know” basis only:

- A. To provide treatment/services, or healthcare operations;**
- B. To obtain payment for treatment/services (including insurance);**
- C. To provide appointment reminders, if available, and if you consent to appointment reminders (by phone, mail, email, etc.)**
- D. When required by law:**
 - a. If we become aware through our work that you may be danger to yourself or others;**
 - b. If we become aware of or suspect child abuse or neglect;**
 - c. If we become aware of or suspect abuse or neglect of a vulnerable adult;**
 - d. If we are court ordered to testify or to submit our records to the court.**
- E. To authorize federal officials if it is required for lawful intelligence, counterintelligence, and other national security activities;**
- G. In the event of an emergency, to contact a family member or significant other to inform them of your circumstances or well-being.**

II. Your Rights Regarding Your Personal/Health Information

You have the right:

- A. To request restrictions on certain uses and disclosures of your personal/health information. Birchwood Counseling is not required to agree to the restrictions you request;**
- B. To request that we communicate with you in a certain way or at a certain location (i.e. at your work phone, address, by cell phone, PO Box, etc.)**
- C. To review and copy your personal/health information according to Birchwood Counseling standards of practice;**
- D. To amend your personal/health information according to Birchwood Counseling standards of practice;**
- E. To a listing of uses and disclosures of your personal/health information;**
- F. To receive a paper copy of this Notice.**

III. Electronic Communications

Birchwood Counseling staff 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, telehealth, etc.) please be aware that there are security risks and take precautions to protect personal information.

IV. Complaints

Complaints regarding this Notice or how the agency handles your personal/health information may be directed to Natalie at 612-81-6613 or the Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg., 200 Independence Avenue SW, Room 509F HHH Building, Washington, DC 20201.

V. Changes to this Notice of Privacy Practices

The effective date of this Notice is 4/01/2020. Birchwood Counseling’s Notice of Privacy Practices may be modified due to agency needs, revisions in local, state, or federal laws or accrediting body regulations. Modifications to our Notice and a current version will be communicated and available in the service locations.

_____	_____	_____
Client Printed Name	Signature	Date
_____	_____	_____
Legal Guardian/Parent Printed Name	Signature	Date
_____	_____	_____
Witness Printed Name	Signature	Date