

Mary T. Inc. Privacy & Security Policy Manual

POLICY TITLE: Notice of Privacy Practices
For Protected Health Information
Health Care Provider **SECTION #:** 101

APPLIES TO: All Clients **EFFECTIVE:** 4/14/2003
REVIEWED: 7/11/2006

REVISED BY: Kim Neal, Privacy Officer
Roberta Tray, Security Officer **PAGE:** 1 of 7

POLICY PURPOSE:

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

If you have any questions about this Notice of Privacy Practices please contact:

Mary T. Inc.
1555 118th Lane NW, Coon Rapids, MN 55448
(763) 754-2505
www.marytinc.com

Please note: As utilized throughout this policy, the term “you” also implies to the person for whom you are guardian if applicable.

It is the policy of Mary T. Inc. to comply with the requirements of the national, state, and organization framework for health information privacy protection by making available a Notice of Privacy Practices. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

“Protected health information” includes all individually identifiable health information transmitted or maintained by the Company, regardless of form (oral, written, electronic.)

This information about you may relate to your past, present or future, physical or mental health and related health care services.

Mary T. Inc. is required to abide by the terms of this Notice of Privacy Practices and will inform you about:

- The Company’s uses and disclosures of Protected Health Information (PHI).
- Your privacy rights with respect to your PHI.
- The Company’s duties with respect to your PHI.
- Your right to file a complaint with the Company and to the State or the U.S. Department of Health and Human Services; and
- The office to contact for further information about the Company’s privacy practices.

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NOTICE OF PHI USES AND DISCLOSURES

The Company may use and disclose your protected health information as necessary for your treatment, payment for services provided and health care operations, without your permission as described in the following section. Other sections of this notice describe uses and disclosures that require your authorization, and the rights you have to restrict our use and disclosure of your medical information.

- **Uses and disclosures to carry out treatment, payment and health care operations**

The Company may use PHI to carry out treatment, payment and health care operations.

Treatment is the provision, coordination or management of health care related services. This includes but is not limited to coordination with a third party, consultations and referrals with your health care providers.

Payment includes but is not limited to activities to obtain reimbursement for the provision of health care to the responsible party on your behalf and authorizes payment by the responsible party directly to the Company for health care services.

Health care operations include but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, case management, conducting or arranging for medical review, business planning and development, business management and general administrative activities.

- **Uses and disclosures that require you to be given an opportunity to agree or object prior to the use or disclosure.**

Unless you object, we may disclose to a member of your family, other relatives, or a close friend or any other person you identify (who is not your legal guardian), your protected health information if it relates to that person's involvement in your health care. If you are unable to agree or object to the use or disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

- **Uses and disclosures that do not require your authorization or opportunity to object.**

We may use or disclose your protected health information in

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the following situations without your authorization:

- When required by federal, state, or local law.
- To support public health activities by reporting to the Department of Health as required or authorized by state law. These reports may include, but are not limited to, the reporting of exposure to a communicable disease or risk of spreading a disease or condition.
- To cooperate with law enforcement officials for certain law enforcement purposes as directed by a court order, warrant, criminal subpoena, or other lawful process.
- ◆ To report abuse or neglect.
- To support health oversight activities such as administrative or criminal investigations, inspections, licensure or disciplinary actions and other activities necessary for appropriate oversight of government benefit programs or functions including, but not limited to, complaints against providers and investigations of Medicare or Medicaid fraud.
- When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as required by law.
- For company research, financial audit, program planning, evaluation, education or other routine uses.
- When consistent with applicable law and standards if the Company reasonably believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat.
- Disclosure for judicial or administrative proceedings.

State and Federal Laws may be more stringent than HIPAA and may prohibit certain uses and disclosures identified above.

- **Uses and disclosures that require your authorization.**
In all other situations, your written authorization will be obtained before the Company will use or disclose your PHI to

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third parties. Third parties include everyone except the client, the guardian, the Company's staff or others outside of our organization that are charged with the client's care while providing services.

RIGHTS OF THE INDIVIDUAL

The following is a statement of your rights with respect to your protected health information and a description of how you may exercise these rights.

- **Right to Request Restrictions on PHI Uses and Disclosures**
You may request the Company to restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Company is not required to agree to such requested restriction.

You will be required to complete a form to request restrictions on uses and disclosures of your PHI. Such requests should be made to Mary T. Inc. Corporate Headquarters at 1555 118th Lane NW, Coon Rapids, MN 55448, (763) 754-2505, www.marytinc.com.

- **Right To Receive Confidential Communications**
You have the right to receive confidential communications by alternative means or at alternative locations. You must request this in writing.
- **Right To Inspect and Copy PHI**
You have a right to inspect and obtain a copy of your PHI contained in a "designated record set" for as long as the Company maintains the PHI. PHI includes all identifiable health information transmitted or maintained by the Company regardless of form. This right does not apply to certain health information, including: (1) information that is not held in the designated record set; (2) psychotherapy notes; (3) information compiled in reasonable anticipation of or for litigation; and (4) other information not subject to the right to access information under HIPAA.

Designated Record Set includes the medical records and billing records about individuals maintained by a covered health care provider.

The requested information will be provided within thirty (30)

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days if the information is maintained on site or sixty (60) days if the information is maintained offsite. A thirty (30) day extension is allowed if the Company is unable to comply with the deadline provided that the Company provides a written statement for the reason for the delay.

You will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to Mary T. Inc. Corporate Headquarters at 1555 118th Lane NW, Coon Rapids, MN 55448, (763) 754-2505, www.marytinc.com.

If access is denied, you will be provided with a written denial setting forth the basis for the denial, a description of how you may review those rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

- **Right to Amend PHI**

You have the right to request the Company to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. The Company has sixty (60) days after the request is made to act on the request. A single thirty (30) day extension is allowed if the Company is unable to comply with the deadline provided that the Company provides a written statement for the reason for the delay. If the request is denied in whole or part, the Company must provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

You will be required to complete a form to request an amendment of PHI in a designated record set. Requests for amendment of PHI should be made to Mary T. Inc. Corporate Headquarters at 1555 118th Lane NW, Coon Rapids, MN 55448, (763) 754-2505, www.marytinc.com.

- **Right to Receive an Accounting of PHI Disclosures**

At your request, the Company will also provide you with an accounting of disclosures by the Company of your PHI during the six years prior to the date of your request. However, such accounting need not include PHI disclosures made: 1) to carry out treatment, payment or health care operations; 2) to individuals about their own PHI; 3) prior to the effective date of

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this notice; or 4) based on your written authorization.

If the accounting cannot be provided within sixty (60) days, an additional thirty (30) days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a twelve (12) month period, the Company will charge a reasonable, cost-based fee for each subsequent accounting.

You will be required to complete a form to request an accounting of PHI disclosures in a designated record set. Requests for a request of an accounting of PHI disclosures should be made to Mary T. Inc. Corporate Headquarters at 1555 118th Lane NW, Coon Rapids, MN 55448, (763) 754-2505, www.marytinc.com.

- **The Right to Receive a Paper Copy of This Notice**

To obtain a paper copy of this notice contact Mary T. Inc. Corporate Headquarters at 1555 118th Lane NW, Coon Rapids, MN 55448, (763) 754-2505, www.marytinc.com.

- **A Note About Personal Representatives**

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms: (1) a power of attorney for health care purposes notarized by a notary public; (2) a court order of appointment of the person as the conservator or guardian of the individual; or (3) an individual who is the parent of a minor child.

The Company retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

THE COMPANY DUTIES

The Company is required by law to maintain privacy of PHI and to provide individuals (consumers or guardians) with notice of its legal duties and privacy practices. This notice is effective beginning April 14, 2003 and the Company is required to comply with the terms of this notice. However, the Company reserves the right to change its privacy practices and to apply the changes to any PHI received or

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maintained by the Company prior to that date. If a privacy practice is changed, a revised version will be available upon request and will be posted in a clear and prominent location. If the Company makes a material change to the uses and disclosures, your rights, the Company's legal duties, or other privacy practices in this notice, we will review and distribute the notice within sixty (60) days.

- **Minimum Necessary Standard**

When using or disclosing PHI or when requesting PHI from another covered entity, the Company will make reasonable efforts to limit the disclosure and use of protected health information. The Company will use or disclose the minimum amount of PHI necessary to accomplish the intended purpose of the use. However, the minimum necessary standard will not apply in the following situations; (1) disclosures to or requests by a health care provider for treatment; (2) uses or disclosures made to the individual or guardian.

YOUR RIGHT TO FILE A COMPLAINT WITH THE PLAN OR THE SECRETARY OF THE U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe that your privacy rights have been violated you may complain to Mary T. Inc. Corporate Headquarters at 1555 118th Lane NW, Coon Rapids, MN 55448, (763) 754-2505, www.marytinc.com. You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

The Company will not retaliate against you for filing a complaint.

WHOM TO CONTACT FOR MORE INFORMATION

If you have any questions regarding this notice or the subjects addressed in it, you may contact Mary T. Inc. Corporate Headquarters at 1555 118th Lane NW, Coon Rapids, MN 55448, (763) 754-2505, www.marytinc.com.

CONCLUSION

PHI use and disclosure by the Company is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations.

RELATED DOCUMENTS:

Notice of Privacy Practices Client Acknowledgement Form