



Notice of Privacy Practices

Touchstone Mental Health is required by law to maintain the privacy of clients Protected Health Information (PHI) and to provide clients, with this NOTICE OF PRIVACY PRACTICES that describes how we may use and disclose PHI and your rights to access and control your PHI.

PHI includes all individually identifiable health information transmitted or maintained by Touchstone Mental Health, regardless of form (oral, written or electronic). Your protected health information is covered by the HIPAA Privacy Rule and applies to a health care provider, health plan or health care clearing house that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

**THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION
WILL BE USED AND DISCLOSED, AND
HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**WE ARE REQUIRED BY LAW
TO PROTECT MEDICAL INFORMATION ABOUT YOU**

Touchstone Mental Health reserves the right to change provisions of our Notice and make new provisions effective for all PHI we maintain. If Touchstone Mental Health makes a material change to our Notice, we will post the changes promptly on our website at www.touchstonemh.org. We will also have copies of the new Notice available upon request.

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.

Your Rights: This section explains your rights and some of our responsibilities to help you.

During the time you receive services at Touchstone Mental Health, social workers, mental health professionals, counselors, and others may collect and create information about your medical and/or mental health history and status. The law says that we must:

- Protect your health information
- Provide you with a copy of this Notice of Privacy Practice, and
- Follow what this notice says

Electronic or paper copy of medical records	You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Amendments to medical record	You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
Limited use or share	<p>You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.</p> <p>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.</p>
Get a list of those with whom we’ve shared information	You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Choose someone to act for you	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.
Filing a complaint	<p>You can complain if you feel we have violated your rights by contacting us using the information on the back page.</p> <p>You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.</p>

Our Uses and Disclosures: We typically use or share your health information in the following ways.

Treat you	<ul style="list-style-type: none">• We can use your health information and share it with other professionals who are treating you.	<i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i>
Run our organization	<ul style="list-style-type: none">• We can use and share your health information to run our practice, improve your care, and contact you when necessary.	<i>Example: We use health information about you to manage your treatment and services.</i>
Bill for your services	<ul style="list-style-type: none">• 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>
Help with public health and safety issues	<ul style="list-style-type: none">• Preventing disease• Helping with product recalls• Preventing or reducing a serious threat to anyone’s health or safety	<ul style="list-style-type: none">• Reporting suspected abuse, neglect, or domestic violence• Reporting adverse reactions to medications
Do research	<ul style="list-style-type: none">• We can use or share your information for health research.	
Comply with the law	<ul style="list-style-type: none">• 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.	
Respond to organ and tissue donation requests	<ul style="list-style-type: none">• We can share health information about you with organ procurement organizations	
Work with a medical examiner or funeral director	<ul style="list-style-type: none">• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.	
Address workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none">• We can use or share health information about you:<ul style="list-style-type: none">• For workers’ compensation claims• For law enforcement purposes or with a law enforcement official• With health oversight agencies for activities authorized by law• For special government functions such as military, national security, and presidential protective services	
Respond to lawsuits and legal actions	<ul style="list-style-type: none">• We can share health information about you in response to a court or administrative order, or in response to a subpoena.	

Your Choices: For certain health information, you can tell us your choices about what we share.

You have both the right and choice to tell us 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 share your information if we believe it is in your best interest and/or when needed to lessen a serious and imminent threat to health and safety</i>
We <i>never</i> share your information unless you give us written permission:	We will NEVER share your information for 1)Marketing purposes, 2)Sale of your information, 3) Most sharing of psychotherapy notes
In the case of fundraising:	We may contact you for fundraising efforts, but you can tell us not to contact you again

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Right to Receive a Paper Copy of this Notice

If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request to obtain a paper copy of this notice, please contact your assigned case manager or the Director of Operations.

QUESTIONS AND CONCERNS:

If you want more information about your privacy rights, wish to file a complaint because you believe your privacy rights have been violated, or you disagree with a decision that we made about access to or disclosure of your medical information, you may contact:

Director of Operations/Privacy Officer
Touchstone Mental Health
2312 Snelling Ave
Minneapolis, MN 55404
Phone: (612) 314-1021
mmcgee@touchstonemh.org

or

Office of Civil Rights
US Department of Health and Human Services
233 North Michigan Avenue, Suite 240
Chicago, IL 60601
(312) 866-2359 or 1-800-368-1019
OCRComplaint@HHS.gov

Filing a complaint will not affect the quality of the services you receive from Touchstone and you will not be retaliated against for filing a complaint.