



1101 East 37th St. Suite #20
Hibbing, MN 55746
Phone: 218.440.1548
Fax: 218.440.1551
www.ChoiceTherapyHibbing.com

NOTICE OF PRIVACY PRACTICES

This notice was revised on November 29, 2017

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

If you have any questions about this notice, please contact Joe Kapaun at (218) 444-8280 or jkapaun@choicetherapy1.com.

Choice Therapy WILL FOLLOW THIS NOTICE: OUR PLEDGE REGARDING HEALTH INFORMATION

We understand 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 us. 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 health care practice, whether made by your personal therapist or others working in this office. This notice will tell you about the ways in which we 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.

We are required by law to:

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. By coming for care, you give us the right to use your information for treatment, to get reimbursed for your care, and to operate our organization.

There are also various other ways in which we may use or disclose your information:

- To allow oversight of the quality of the healthcare we provide**
- To allow workers' compensations claims**
- As required by subpoena in lawsuits and disputes**
- Various uses as required by law or to avert a serious threat to health or safety**
- Conduct, plan, and direct treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.**
- Obtain payment from third-party payers.**
- Conduct normal healthcare operations such as quality assessments and physician certifications.**
- Contact you to remind you of appointments with us.**



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YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- Right to inspect and copy**
- Right to amend**
- Right to an accounting of disclosures**
- Right to request restrictions**
- Right to request what we use or share.**
- Right to request confidential communications**
- Right to a paper copy of this notice**
- Right to choose someone to act for you.**

Information on how to exercise these rights can be obtained from Joe Kapaun at (218) 444-8280 or jkapaun@choicetherapy1.com.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities and on our website. The notice will contain on the first page the effective date. In addition, each time you register for treatment or health care services, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services Office. You can also file a complaint with us by using the contact information below. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Choice Therapy
Attn: Joe Kapaun
3835 Supreme Court NW, Ste 2
Bemidji, MN 56601
218/444/8280

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.