

Notice of Privacy Practices

A Johnston Therapy, PLLC

Main office: 600 Demers Ave. Suite 303 Grand Forks, ND 58201

Satellite office: 2300 Library Circle Grand Forks, ND 58201

NOTICE OF PRIVACY PRACTICES

This document contains important information about federal law, the Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires that I provide you with this Notice of Privacy Practices for use and disclosure of personal health information (PHI) for treatment, payment, and health care operations. This notice explains HIPAA and its application to your PHI in greater detail.

The law requires that I obtain your signature acknowledging that I have provided you with this notice. If you have any questions, it is your right and obligation to ask so we may engage in further discussions prior to signing this document. When you sign this document, it will also represent an agreement between us. You may revoke this agreement in writing at any time. That revocation will be binding unless I have taken action in reliance on it.

I. CLIENT'S RIGHTS AND PSYCHOTHERAPIST'S EXPECTATIONS

Client's Rights:

1. to be treated with respect and courtesy and in a culturally sensitive manner;
2. to be informed of eligibility criteria for the service in which you are to receive;
3. to be provided assistance with any communication barriers which make it difficult for you to receive services;
4. to be free from discrimination while receiving services;
5. to have access to your file according to federal/state/agency regulations and standards;
6. to terminate service at any time;
7. to be free from exploitation for the benefit or advantage of a staff member;

8. to report complaints/grievances using the guidelines below;
9. to confidentiality as defined by policy and law. Refer to Part II, Psychotherapy Consent, Policies and Agreement Form.

Psychotherapist's Expectations:

1. Clients will be present and on time for appointments, or will call 24 hours in advance to cancel or reschedule. Clients who arrive 15 minutes or more past their scheduled appointment time will be considered a no show and charged the no show/same day cancellation fee.
2. Clients will participate in psychotherapy planning.
3. Clients will not exhibit abusive, threatening, or assaultive behaviors.
4. Clients will not be under the influence of chemicals during services.
5. Clients will respect the privacy of other clients.
6. Clients will not make video or audio recordings of sessions unless approved by his/her/their psychotherapist.
7. Clients must sign a release of information form before any information may be sent to a third party. A summary of visits may be given in lieu of actual "psychotherapy/progress notes", except if the third party is part of the medical team. If psychotherapy sessions involve more than one person, each person over the age of 18 MUST sign the release of information before information is released.
8. When working with couples, all laws of confidentiality apply. It is requested that neither partner attempt to triangulate your provider into keeping a "secret" that is detrimental to the couples psychotherapy goal. If one partner requests that your provider keep a "secret" in confidence, your provider may choose to end the therapeutic relationship and give referrals for other therapists, as our work and your goals then become counter-productive. However, if one party requests a copy of couples or family psychotherapy records in which they participated, an authorization from each participant (or their representatives and/or guardians) in the sessions before the records can be released.
9. Our relationship is strictly professional. In order to preserve this relationship, it is imperative that there is no relationship outside of the therapeutic relationship (ie: social, business, or friendship). If we run into each other in a public setting, your provider will make attempts not to acknowledge you as this could jeopardize confidentiality. If you

were to acknowledge your provider, your confidentiality could be at risk.

10. No friend requests on our personal social media outlets (Facebook, LinkedIn, Pinterest, Instagram, Twitter, etc.) will be accepted from current or former clients. If you choose to comment on our professional social media pages or posts, you do so at your own risk and may breach confidentiality. A Johnston Therapy, PLLC cannot be held liable if someone identifies you as a client. Posts and information on social media are meant to be educational and should not replace psychotherapy. Please do not contact any A Johnston Therapy employee through any social media site or platform. They are not confidential, nor are they monitored, and may become part of medical records.
11. If you need to contact your provider outside of your sessions, please do so using the SimplePractice client portal messaging option or via telephone. Additionally, SimplePractice and telephone do not substitute for psychotherapy sessions.
12. Clients often use text or email as a convenient way to communicate in their personal lives. However, texting introduces unique challenges into the therapist-client relationship. Texting is not confidential, and is not a substitute for sessions. Phones may be lost or stolen. DO NOT communicate sensitive information over text. The identity of the person texting is unknown as someone else may have possession of the client's phone.
13. Do not use email for emergencies. In the case of an emergency, call 911, call your local emergency hotline, or go to the nearest emergency room. Additionally, email is not a substitute for psychotherapy sessions. If you need to be seen, please call to book an appointment or schedule through the SimplePractice client portal.
14. E-mail is not confidential. Do not communicate sensitive medical or mental health information via email. Furthermore, if you send email from a work computer, your employer has the legal right to read it. E-mail is a part of your medical record. If you choose to communicate via written form, please use the SimplePractice client portal messaging option. Please be aware that your provider has limited time for answering messages, though they will attempt to respond in an appropriate amount of time.

II. OUR PLEDGE REGARDING HEALTH INFORMATION

A Johnston Therapy, PLLC understands that health information about you and your health care is personal. A Johnston Therapy, PLLC is committed to protecting health information about you. A Johnston Therapy, PLLC creates a record of the care and services you receive. A Johnston Therapy, PLLC needs 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

psychotherapy practice. This notice will tell you about the ways in which A Johnston Therapy, PLLC may use and disclose health information about you. A Johnston Therapy, PLLC is required by law to:

1. Make sure that protected health information (“PHI”) that identifies you is kept private.
2. Give you this notice of our legal duties and privacy practices with respect to health information. Refer to Part II, Confidentiality Psychotherapy Consent Policies Agreement Form.
3. Follow the terms of the notice that is currently in effect.
4. A Johnston Therapy, PLLC 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 the office.

III. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that A Johnston Therapy, PLLC uses and discloses health information.

1. To provide treatment; disclose your protected health information for the treatment activities of any health care provider (for example, if a psychotherapist 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);
2. To obtain payment for treatment;
3. For other A Johnston Therapy, PLLC operations, as appropriate;
4. To provide appointment reminders;
5. When required by law:
 1. If we become aware that you may be a danger to yourself or others;
 2. If we become aware or suspect child abuse or neglect;

3. If we become aware of or suspect abuse of a vulnerable adult (MN Statute 626.557, NDCC 50-25-2);
4. If we are court-ordered to testify or to submit our records to the court;
6. To notify authorized officials if required for lawful intelligence, counterintelligence, national security, or public health threats;
7. In the event of an emergency, to contact a family member or significant other to inform them of your circumstances or well-being.

Below are reasons A Johnston Therapy, PLLC may have to release your information without authorization:

1. If you are involved in a lawsuit, A Johnston Therapy, PLLC may disclose health information in response to a court or administrative order. A Johnston Therapy, PLLC 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.
2. If a government agency is requesting the information for health oversight activities, within its appropriate legal authority, A Johnston Therapy, PLLC may be required to disclose it to them.
3. 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.
4. For law enforcement purposes, including reporting crimes occurring on the premises.
5. To coroners or medical examiners, when such individuals are performing duties authorized by law.
6. Specialized government functions, including: ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; and helping to ensure the safety of those working within, or housed in, correctional institutions.
7. If a patient files a complaint or lawsuit against A Johnston Therapy, PLLC, we may disclose relevant information regarding that patient in order to defend ourselves.
8. If a patient files a worker's compensation claim, and A Johnston Therapy, PLLC is providing necessary treatment related to that claim, A Johnston Therapy, PLLC must, upon appropriate request, submit treatment reports to the appropriate parties, including

the patient's employer, the insurance carrier, or an authorized qualified rehabilitation provider.

9. A Johnston Therapy, PLLC may disclose the minimum necessary health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

IV. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

1. Psychotherapy Notes: We keep "psychotherapy notes" as defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is:
 1. For the purpose of treating you.
 2. For training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 3. For defending ourselves in legal proceedings instituted by you.
 4. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
 5. Required by law, in which case the use or disclosure is limited to the requirements of such law.
 6. Required by law for certain health oversight activities pertaining to the psychotherapist.
 7. Required by a coroner who is performing duties authorized by law.
 8. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes: As psychotherapists, we will not use or disclose your PHI for marketing purposes.

3. Sale of PHI: As psychotherapists, A Johnston Therapy, PLLC will not sell your PHI in the regular course of our business.

VII. COMPLAINTS

If you are concerned that A Johnston Therapy, PLLC has violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact A Johnston Therapy, PLLC, the State of ND Department of Health, or the Secretary of the U.S. Department of Health and Human Services.