

Notice of Privacy Practices

MN ALLIED MENTAL HEALTH PROFESSIONALS, PLLC

2042 Wooddale Drive Suite 250 • Woodbury, MN 55125 • United States

EFFECTIVE DATE OF THIS NOTICE: May 4, 2026

NOTICE OF PRIVACY PRACTICES

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

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I 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 mental health care practice, including all documentation related to both telehealth and in-person sessions.

This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

I am also required by law to provide you with adequate notice of your rights and my legal duties if I create or maintain records protected by 42 C.F.R. Part 2. I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

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

The following categories describe different ways that I use and disclose health information, though not every use or disclosure is listed.

- **For Treatment, Payment, or Health Care Operations:** I may use or disclose your PHI without written authorization for treatment, payment, or health care operations, as allowed by federal rules. This includes consulting with other providers for diagnosis or treatment, and documenting service delivery format (telehealth and in-person sessions). For records protected by 42 C.F.R. Part 2, these uses are limited by stricter standards.
- **Lawsuits and Disputes:** I may disclose health information in response to a court or administrative order. For records protected by 42 C.F.R. Part 2, such information will not be used in legal proceedings against you without your specific written consent or a proper court order.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

- **Psychotherapy Notes:** Use or disclosure of "psychotherapy notes" requires your authorization, except for my own treatment, training/supervision, legal defense, HHS investigations, or as required by law.
- **Substance Use Disorder (SUD) Counseling Notes:** These require separate written authorization and cannot be combined with other consents.
- **Marketing and Sale of PHI:** I will not use or disclose your PHI for marketing purposes, nor will I sell your PHI.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

I may disclose your PHI without authorization to comply with laws, for public health activities (including abuse reporting), health oversight (investigations), lawsuits, or to coroners. I may also disclose PHI for research or specific government functions.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

- **Disclosures to Family and Friends:** I may share PHI with individuals involved in your care or payment, unless you object.
- **Fundraising:** You have the right to opt-out of any fundraising communications.

VI. YOUR RIGHTS REGARDING YOUR PHI

- **Right to Request Restrictions:** You may ask me to restrict how I use or disclose your PHI, but I am not required to agree.
- **Right to Out-of-Pocket Restrictions:** You may request restrictions on disclosures to health plans for services you paid for in full.
- **Right to Choose Communication Methods:** You may request to be contacted in a specific way.
- **Right to Access and Copies:** You have the right to inspect and copy your records (excluding psychotherapy/SUD notes) within 30 days.
- **Right to an Accounting of Disclosures:** You can request a list of disclosures, with some exceptions, within 60 days.
- **Right to Correct/Update:** You can request changes to your PHI.
- **Right to a Copy of this Notice:** You may request a paper copy.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing below, you acknowledge receipt of this Notice and agree to its terms.