

Glenda Cedarleaf MSW LICSW
13911 Ridgedale Drive Suite 490
Minnetonka MN 55305
612 695 1958
www.glendacedarleaf.com

Privacy Practices HIPPA

The privacy of your medical information is important to us and we understand that your medical information is personal. This notice will tell you about the ways we may use and share medical information about you,

On April 14, 2003 the federal government enacted legislation requiring health care providers to comply with privacy rule standards for protecting the confidentiality of health information. . This notice will tell you about the ways we may use and share medical information about you, and we also describe your rights and certain duties we have regarding the use and disclosure of medical information

1. Uses of Information Obtained From You: The information we obtain from you is used to establish diagnosis, determine your treatment plans and goals, provide the services you request, and establish your ability to pay for these services.
2. Our Legal Responsibility: The law requires us to keep your medical information private, give you this notice describing legal duties, privacy practices, and your rights regarding your medical information.
3. Patient's Rights: The following list of rights now apply to any patient of a health care provider.
 - a) Right to Request Medical Records: The patient has a right to access their medical records.
 - b) Right to Request Additional Restrictions: You may request restrictions on our use and disclosure of protected health information for treatment, payment and health care operations. We are not required to agree to a requested restriction. If you wish to request a restriction, please make a request in writing .
 - c) Right to Receive Confidential Communications: You may request, and we will accommodate, any reasonable (written) request for you to receive protected health information by alternative means of communication or at alternative locations.
 - d) Right to Inspect and Copy Your Health Information: You may request access to your

clinical file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please make a written request to your therapist. If you request copies, there will be a \$2.00 charge per page.

e) Right to Amend Your Records: You have the right to request that we amend protected health information maintained in your clinical file or billing records. If you desire to amend your records, please request in writing the amendment and submit it to your therapist.

Under certain circumstances, we have the right to deny your request to amend your records and notify you of this denial as provided in the HIPAA regulations. If our requested amendment to your records is accepted, a copy of your amendment will become a permanent part of the medical record.

By "amend," your therapist is permitted to append information to the original record, as opposed to physically remove or change the original record.

f) Right to Receive an Accounting of Disclosures: Upon request, you may obtain an accounting of disclosures of our protected health information other than those for which you gave written authorization of those related to your treatment, payment for services, or health care operations.

The accounting will apply only to covered disclosures prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during

a twelve (12) month period, there will be a charge. You will be informed of the cost prior to the request being filled.

g) Right to Receive a Paper Copy of this Notice: Upon request, you may obtain a paper copy of this privacy notice.

4. Use and Disclosure of Your Medical Information With Written Consent: We are permitted to use and disclose information about you for treatment or services to doctors, nurses, psychiatrists, psychologists, other mental health professionals, other people who are taking care of you, or other health care providers to assist them in treating you.

We may also use and disclose your medical information for payment purposes to insurance companies, for disability payments etc.. We may also use information for healthcare operations that may include information disclosed to business associates such as billing software providers or transcriptionists.

5. Use and Disclosures Without Neither Consent Nor Authorization: According to state

and federal requirements, we are mandated to report information we maintain about you to other agencies or individuals without your written consent under following circumstances:

a) If we have reason to believe there has been:

abuse of a child or vulnerable adult, victimization due to violence, victimization due to other crimes.

potential or intention to seriously harm another person, we may have a legal obligation to warn the intended victim and/or the police.

the possibility a pregnant woman has used a controlled substance (e.g., cocaine, heroin) for a non-medical purpose during the pregnancy.

b) If it is court-ordered.

d) If there is an emergency, we may communicate your condition to a family member or other appropriate

f) Examination of records for an audit or accreditation.

g) To meet federal, state, and local statistical requirements.

h) If a new statute, federal law, or State Commissioner of Administration authorizes a new use of the information after you have been given this notice..

7. Providing Information About You: You are not required to provide information about yourself; however, without some information we may not be able to provide the most appropriate services.

Glenda Cedarleaf MSW LICSW
13911 Ridgedale Drive Suite 490
Minnetonka MN 55305
612 695 1958
www.glendacedarleaf.com

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of the Provider's Notice of Privacy Practices with the effective date of 4/14/03

Client Signature _____

Client Name Printed _____

Date _____

Acknowledgement of Receipt of Office Policies and Fee Schedule

Client Signature _____

Client Name Printed _____

Date _____

Glenda Cedarleaf MSW LICSW
13911 Ridgedale Drive Suite 490
Minnetonka MN 55305
612 695 1958
www.glendacedarleaf.com

Office Policies/Fee Schedule

Sessions are typically 50 minutes. Please give a 48 hour advance notice of cancellations to give me time to fill that allotted period with another client. The Cancellation fee without advance notice is \$55.

The fee of \$165 for an initial evaluation and \$125 for follow up sessions is due at the time of the session. If you are using your in network benefits with Blue Cross Blue Shield or Medica then you would be paying a copayment or the full fee ifi you have a deductible to meet first.

Payments can be made by check, cash or credit cards.

Telephone contacts with be charged at the hourly rate (prorated) beginning after 10 minutes of contact. This means that there is no charge for brief phone contacts.

Email contact will be used only for brief information exchanges—keeping in mind that email cannot be guaranteed to be 100% confidential and I do not engage in therapeutic exchanges through email.

You are ultimately responsible for all fees incurred for therapy.

Please contact your insurance company to verify your exact benefits.

See my website for specific questions to ask your insurance company about your coverage.

Emergencies: for emergency concerns and after hours please call 911 or Contact the Hennepin County Crisis Center at (612) 347-3161.