



NOTICE OF PRIVACY PRACTICES

Health Information Portability & Accountability Act (HIPAA)

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.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information (PHI) as part of providing professional care. We are also required by law to keep your information private. These laws are complicated, but we must give you this important information. This is a brief version of the Notice of Privacy Practices. If you have any questions or want to know more about anything in this notice, please contact Root to Crown Healing & Wellness, LLC.

How we use and disclose your protected health information with your consent

We may use/disclose the information we collect about you to provide you with the best possible treatment; PHI disclosure for the purposes of treatment is used to enhance your care, coordinate your care services with other providers, or generally manage the services you are receiving. We may use/disclose your PHI to bill third parties (insurance companies, collection agencies, utilization review personnel, EAPs) and to collect payment for the services rendered as part of your treatment. The PHI disclosed may include your name, date of birth, diagnosis, treatment service code, and provider. We may also use your information to make benefit determinations and prior service authorizations, when appropriate. Additionally, Your PHI may be used for other general healthcare business operations designed to improve services at Root to Crown Healing & Wellness, LLC.

After you read this notice we will ask you to sign a consent form to let us use and share your information in these ways. If you do not consent and sign this form, we cannot treat

you. If we want to use or send, share, or release your information for other purposes, we will discuss this with you and ask you to sign an authorization form to allow this.

Disclosing your health information without your consent

There are some times when the laws require us to use or share your information. For example:

1. When there is a serious threat to your or another's health and safety or to the public. We will only share information with persons who are able to help prevent or reduce the threat.
2. When we are required to do so by lawsuits and other legal proceedings.
3. If a law enforcement official requires us to do so.
4. For workers' compensation and similar benefit.
5. When the use and/or disclosure relates to decedents and information is required for a coroner or medical examiner, consistent with applicable laws, to carry out their duties.

Your rights regarding your health information

1. You can ask us to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.
2. You can ask us to limit what we tell people involved in your care, such as family members and friends.
3. You have the right to look at health information we have about you, such as your medical records. You can get a copy of these records. Contact Root to Crown Healing & Wellness, LLC to arrange how to see your records.
4. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You have to make this request in writing. You must also tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this notice, we will post the new version in our waiting area, and you can always get a copy of it from your provider.

6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with Root to Crown Healing & Wellness, LLC and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

Also, you may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

Minnesota Patient Consent for Disclosures

For most disclosures of your health information we are required by State of Minnesota Laws to obtain a written consent from you, unless the disclosure is authorized by Law. This consent may be obtained at the beginning of your treatment, during the first delivery of health care service, or at a later point in your care, when the need arises to disclose your health information to others outside of our organization. Consent from you may come in the form of verbal permission or written authorization. We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked by you at any time with written notification.

If you have any questions regarding this notice or our health information privacy policies, please contact Root to Crown Healing & Wellness, LLC at 612-351-0108. The effective date of this notice is June 23, 2019.

HIPAA Acknowledgement

I, _____, have read and understand the HIPAA Privacy Practices set forth by Root to Crown Healing & Wellness, LLC. I understand that I may request a copy of this document from my provider at any time.

Signature: _____

Today's Date: _____