

NOTICE OF PRIVACY PRACTICES

Heidi Mortenson, MA, LMFT

In Courage Consulting

Effective Date: 1/01/2024

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.

My Commitment to Your Privacy

I understand that your health information is personal. I am committed to protecting your privacy and complying with the federal **Health Insurance Portability and Accountability Act (HIPAA)** as well as applicable state privacy laws in **Minnesota and Texas**.

This notice describes how I may use and disclose your protected health information (PHI) and explains your rights regarding this information.

Protected Health Information includes information about your mental health, medical history, treatment, payment information, and identifying details.

How I May Use and Disclose Your Information

1. For Treatment

I may use and disclose your health information to provide psychological services and coordinate care.

Examples include:

- Discussing your treatment with other healthcare providers (with appropriate consent when required)
 - Consultation with other professionals for supervision or clinical guidance
-

2. For Payment

I may use and disclose information to obtain payment for services provided.

Examples include:

- Submitting invoices
 - Collecting payment
 - Providing documentation required for reimbursement
-

3. For Healthcare Operations

I may use your information for administrative purposes necessary to operate the practice.

Examples include:

- Quality improvement
 - Case consultation
 - Training and supervision
-

Uses and Disclosures That Do Not Require Authorization

I may disclose information without your authorization in certain circumstances required or permitted by law:

Abuse or Neglect

If I have reasonable cause to believe that a child, vulnerable adult, or elderly person has been abused or neglected, I am required to report it to appropriate authorities in accordance with **Minnesota and Texas law**.

Serious Threat to Health or Safety

If I believe you pose a serious threat to yourself or others, I may disclose information to individuals who can help prevent harm.

Court Orders and Legal Proceedings

I may disclose information when required by a valid court order, subpoena, or other lawful legal process.

Law Enforcement

Information may be disclosed when required by law enforcement under certain legal conditions.

Public Health Activities

Information may be shared with public health authorities as required by law.

Uses and Disclosures Requiring Your Authorization

I will obtain your written authorization before:

- Releasing psychotherapy notes (in most cases)
- Sharing information with family members or others involved in your care
- Disclosing information for marketing purposes
- Releasing information to third parties not involved in treatment or payment

You may revoke authorization at any time in writing.

Your Rights Regarding Your Health Information

You have the following rights:

Right to Access

You may request a copy of your records.

Right to Amend

You may request corrections to your health information if you believe it is incorrect.

Right to an Accounting of Disclosures

You may request a list of disclosures made outside of treatment, payment, and healthcare operations.

Right to Request Restrictions

You may request limitations on how your information is used or disclosed.

Right to Confidential Communication

You may request communication by alternative means (such as email or phone).

Right to a Copy of This Notice

You have the right to receive a paper or electronic copy of this notice at any time.

Telehealth and Electronic Communication

Services may be provided through secure telehealth platforms. While reasonable safeguards are used to protect confidentiality, electronic communication carries inherent risks. By engaging in telehealth services, you acknowledge and accept these risks.

Complaints

If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation.

You may contact:

Heidi Mortenson, MA, LMFT

In Courage Consulting
11709 Jewell Court NE Blaine MN 55449

651-247-6833

heidi@heidimortenson.com

You may also file a complaint with:

U.S. Department of Health and Human Services

Office for Civil Rights
<https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

MN Board of Marriage and Family Therapy

<https://mn.gov/boards/marriage-and-family/>

Texas Board of Marriage and Family Therapy

<https://bhec.texas.gov/texas-state-board-of-examiners-of-marriage-and-family-therapists/>

Changes to This Notice

I reserve the right to change this Notice of Privacy Practices. Any changes will apply to all information maintained by the practice and will be available upon request and on the practice website.

Acknowledgment of Receipt

Clients may be asked to sign an acknowledgment indicating they have received this Notice of Privacy Practices.

Heidi Mortenson, MA, LMFT

Licensed Marriage and Family Therapist

Licensed in Minnesota and Texas