

# **Burnsville Counseling and Healing Center**

## **NOTICE OF PRIVACY PRACTICES**

**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.**

### **Protecting your privacy**

Protecting your privacy and your medical information is at the core of our business. We recognize our obligation to keep your information secure and confidential whether on paper or the Internet. At Burnsville Counseling and Healing Center, privacy is one of our highest priorities.

### **Keeping your information**

Keeping the medical and health information we have about you secure is one of our most important responsibilities. We value your trust and will handle your information with care and respect. Our employees access information about you only when necessary to provide treatment, verify eligibility, obtain authorization, process claims and otherwise meet your needs. We may also access information about you when considering a request from you or when exercising our rights under the law or any agreement with you.

We safeguard information during all business practices according to established security standards and procedures, we continually assess new technology for protecting information. Our employees are trained to understand and comply with these information principles.

### **Working to meet your needs through information**

In the course of doing business, we collect and use various types of information, like name and address and claims information. We use this information to provide service to you, to process your claims and to bring you health information that might be of interest to you.

### **Keeping information accurate**

Keeping your health information accurate and up-to-date is very important. If you believe the health information we have about you is incomplete, inaccurate or not current, please call or write us at the telephone number and address listed below. We take appropriate action to correct any erroneous information as quickly as possible through a standard set of practices and procedures.

**How and why information is shared**

We limit who receives information and what type of information is shared.

- *Sharing information within Burnsville Counseling and Healing Center.* We share information within our company to deliver you the health care services and the related information specified in your plan.
- *Sharing information with companies that work for us.* To help us offer you our services, we may share information with companies that work for us, such as for the purpose of claim processing. These companies act on our behalf and are obligated contractually to keep the information that we provide them confidential.
- *Other.* Patient-specific personally identifiable data is released only when required to provide a service for you and only to those with a need to know, or with your consent. Data is released with the condition that the person receiving the data will not release it further, unless you give permission.

If we receive a subpoena or similar legal process demanding release of any information about you we will attempt to notify you (unless we are prohibited from doing so). Except as required by law or as described above, we do not share information with other parties, including government agencies.

Burnsville Counseling and Healing Center does not share any customer information with third party marketers who offer their products and services to our patients.

**Email Reminders:**

We now have an email reminder system available for your convenience. At your request, we can send you a reminder via email to let you know of an upcoming appointment, however, it is important that you understand that the internet is not a secure delivery system.

\_\_\_\_\_ Yes, please send me email reminders. \_\_\_\_\_ No, thank you.  
Initial Initial

Email address is: \_\_\_\_\_

**We are committed to your privacy**

You can count on us to keep you informed about how we protect your privacy and limit the sharing of information you provide to us – whether it is at our office , over the phone or through the Internet.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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