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# **The Experience of Neshama**

# Notice of Privacy Practices

## Your Information. Your Rights. Our Responsibly.

### This notice describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully. You have privacy rights under the law commonly known as HIPAA (Health Insurance Portability and Accountability Act). You may also have rights under the Minnesota Health Records Act and the Minnesota Government Data Practices Act.

### **Why we ask you for information**

### • To tell you apart from other people with the same name.

### • To help you get the services you need and are eligible for.

### • To provide services to you.

### • To receive payment for services.

### **Do you have to answer our questions?**

### • Generally, the law does not say you have to give us this information.

### **What will happen if you do not answer the questions we ask?**

### • We need information about you to provide services to you. Without the information, we may not be able to help you

# Your Rights

### When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to you.

### **Get an Electronic or Paper Copy of Your Health Record.**

### • You can ask to see or get an electronic or paper copy of your health record.

### Ask us how to do this.

### • We will provide a copy or a summary of your health information, usually within 30 days of your request.

### **Get a Copy of This Privacy Notice**

### • You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly. Choose Someone to Act for You

### • If you have given someone medical power of attorney or if someone is your legal guardian or conservator, that person can exercise your rights and make choices about your health information.

### **File a Complaint if You Feel Your Privacy Rights are Violated**

### • You can complain if you feel we have violated your privacy rights. Contact staff, or The Experience of Neshama President, Ryan Eckdahl at 651-418-9429 or email ryan@exnesh.com

### • You can also file a complaint by contacting the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775.

### • We will not retaliate against you for filing a complaint

# Our Uses and Disclosures

### **How do We Typically Share Your Information?**

### We typically use or share your health information in the following ways provided that we obtain any necessary consents required under Minnesota Health Records Act.

### **Treat You**

### • We use your health information to provide services to you and we may share your information with other providers who are also providing services to you.

### • Example: A doctor treating you asks us for health information related to your care coordination.

### **Run Our Organization**

### • We can use and share your health information to run our practice, improve your care, and contact you when necessary.

### • Example: We use health information about you to manage your treatment and services.

### • We may disclose information to our business associates if we have a business associate agreement in place with them so they can provide services to us.

### • We may share health information with an auditor auditing our billing practices.

### **Bill For Your Services**

### • We can use and share your health information to bill and get payment from health plans or other entities.

### • Example: We give information about you to your health insurance plan so it will pay for your services

### **Comply With the Law**

### • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law

### **Address Workers’ Compensation, Law Enforcement, and Other Government Requests**

### • We can use or share health information about you:

### – For workers’ compensation claims.

### – For law enforcement purposes or with a law enforcement official.

### – With health oversight agencies for activities authorized by law.

### – For special government functions such as military, national security, and presidential protective services.

### – For mandated reporting under the MN Vulnerable Adults Act.

### **Respond to Lawsuits and Legal Actions**

### • We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Work With a Medical Examiner or Funeral Director**

### • We can share health information with a coroner or medical examiner when an individual dies

# Our Responsibilities

### We are required by law to maintain the privacy and security of your protected health information.

### • We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

### • We must follow the duties and privacy practices described in this notice and give you a copy of it.

### • We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind using the contact information below.

### • For more information see: https://www.hhs.gov/hipaa Changes to The Terms of This Notice

### • We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

### **This Notice of Privacy Practices applies to the following organization:**

### The Experience of Neshama

### 1 West Water St #220 St. Paul, MN 55107

### [www.exnesh.com](http://www.exnesh.com)

### Office: 651-912-4117

### Fax: 651-418-9429

### This Notice is Effective as of: May 2022