

JOHN A. LORAAS, Ph.D., PA
7373 W. 147TH ST., STE. 166
APPLE VALLEY, MN 55124
(952) 432-3220 FAX (952) 891-4622

JOHN A. LORAAS, PH.D, PA
Notice of Privacy Practices

THIS NOTICE REVIEWS HOW HEALTH-RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED UNDER THE FEDERAL HIPPA ACT

OUR OBLIGATIONS: We are required by law to do the following: 1) To maintain the privacy of protected health information. "Health information" refers to your name, address, date of birth, social security number, insurance information, and other identifiable data. 2) To provide you this notice of our legal duties and privacy practices regarding health information about you. 3) To follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION: Described as follows are the ways we may use and disclose Health Information that identifies you.

Benefit Verification: We will obtain verbal permission from you at the time of your telephoned, treatment inquiry to use your Personal Health Information. This will allow our office to verify the financial liabilities under your health insurance plan prior to setting up your first appointment.

Payments: We may use and disclose Health Information so that we or others may bill and receive payment from you, your insurance company, or a third party for treatment and services you received. For example, we may give your health plan information so that they will pay for your treatment. We will receive written permission from you to release this information at the initial intake session.

Use of Electronic Means to Contact You: Unless otherwise specified, we may use and disclose Health Information (e.g., your telephone number) to contact you by telephone or voice-mail in order to return a message or relay information to you. This is a restricted use if you specifically state not to make such contact—for example, if you want us to contact you via your home or cell phone numbers but not via the telephone at your place of employment.

SPECIAL SITUATIONS: The following are special situations in which your Personal Health Information may be used or disclosed.

As Required by Law: We will disclose Health Information when required to do so by federal, state, or local law, including disclosure to the U.S. Department of Health and Human Services.

To Avert a Serious Threat to Health or Public Safety: We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. However, disclosures in these regards will be made only to someone who may be able to help prevent the threat and only will involve discussion about issues relevant to the threat.

Business Associates: We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, "business associates" refers to our Office Manager and Office Receptionist. In addition, "business associates" refers as well to other persons or companies that we may contract with in order to help us with our business. For instance, our IT/Computer Consultant, the company that helps us with our Office Billing program, or individuals who may help with Transcription. All of our business associates are obligated to protect the privacy of your information as well as others' and are not allowed to use or disclose any information other than what they need to perform their

functions for us.

Health Oversight Activities: We may disclose Health Information for purposes of health oversight regarding health-care delivery as authorized by law. These oversight activities may include, for example, insurance audits,

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investigations, or inspections. These activities are necessary for some insurance companies that monitor the quality of the therapeutic delivery of services to those individuals covered under their plans. Likewise, federal or state agencies may perform the same function/purpose for those clients receiving Medical Assistance or Medicaid. In addition, these latter instances are necessary for the government to monitor the health care system, relevant government programs, licensure activities, and compliance with civil rights laws and other applicable laws.

Lawsuits and Other Disputes: If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court order if signed by a judge. Any other disclosures of Health Information in response to subpoena, discovery request, or other lawful process by someone else involved in the dispute, must have your written permission.

Law Enforcement/Protective Services: As mandated reporters, we may be required, by law, to release Health Information to appropriate law enforcement or protective services officials as it relates to certain injuries, actions, or situations, involving children, teenagers, and vulnerable adults.

National Security: We may disclose your Health Information under certain circumstances to authorized federal officials for national security and intelligence activities. For example, threats to the life of the President of the United States or other authorized persons or heads-of-state.

YOUR RIGHTS: You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy: You have a right to inspect and copy Health Information that may be issued to receive payment for your care. This includes billing-related records, but it does not include your Intake Report, Psychotherapy Summary Notes, or other clinical reports. To inspect and receive copy of these types of Health Information, you must make your request in writing and sign a Release of Information indicating what documents you are requesting.

Right to Amend: If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our office. To request an amendment, it must be in writing, accompanied by a reason that supports your request for an amendment. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request for amendment if it is directed at amending information that a) was not created by us; b) is not part of the Health Information kept by or for our practice; c) is not part of the information which you would be permitted to inspect and copy; or d) is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request a list of the disclosures we make on your behalf for billing purposes. Yet, this request must be in writing.

Right to Request Restrictions: You have the right to request a restriction or limitation on the Health Information we use or disclose for payment-related matters. You also have the right to request a limit on the Health Information we disclose to someone involved in your care—unless the information is needed in an emergency situation. This request needs to be made in writing.

Right to a Paper Copy of This Notice: You have the right to request a paper copy of this notice at any time. Additional copies are available by asking at the Front Desk.

CHANGES TO THIS NOTICE: We reserve the right to change this Notice and to make the new notice apply to the Health Information we already have as well as any information we receive in the future. We will always post a copy of the current Notice in the Reception Lobby of John A. Loraas, Ph.D., PA.

QUESTIONS/COMPLAINTS: If you have any questions about this Notice, please feel free to contact our Clinic's HIPPA-related contact person, Dr. John Loraas, Ph.D., LP. He can be reached by calling our front desk at (952) 432-3220. In addition, if you believe that your Privacy Rights have been violated, you may file a complaint in writing, without penalty, to our office or with the Secretary of the U.S. Department of Health and Human Services.

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General Informed Consent for Mental Health Services

I, the undersigned, acknowledge that the following points have been explained to me and that any questions I had have been satisfactorily and clearly answered at the time of signing this form.

- 1) Costs of mental health services, insurance coverage, co-payments, private-pay options, and the fact that no-show appointments and/or late cancellations of less than 24 hours will result in a fee of 1/2 the hourly rate for the service scheduled to be provided.
 - 2) Client's rights explained regarding confidentiality, access to records, and the following:
 - A) The benefits of the proposed treatment and services
 - B) The way the treatment is to be administered and the services provided
 - C) The expected treatment side effects or risks of side effects which are reasonable possibility in light of the mental health services provided
 - D) Alternative treatment modalities and services for treating the presenting problem(s)
 - E) The probable consequence(s) of not receiving the proposed treatment and services
 - F) This informed is effective for 12 months from the time consent is given, and
 - G) The right to withdraw informed consent in writing at any time.
 - 3) A verbal review of Dr. Loraas' educational credentials and licensure status.
 - 4) Emergency arrangements in the event of a crisis-situation and/or how after-hour calls are handled. In short, I understand that calls received after regular business hours (8am-3:30pm, Monday thru Thursday; Friday 8am-11am) are forwarded to an Answering Service. I understand that if I feel my situation is an emergency, the Answering Service will contact Dr. Loraas directly. Otherwise, a message will be forwarded to the office, and I will be contacted the following business day.
 - 5) I was provided a written copy of JOHN A. LORAAS, PH.D.,PA's Notice of Privacy Practices which reviews important information about how my Personal Health Information will be handled under the terms of the federal HIPPA Act.
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Client Date

Licensed Psychologist Date
(Must be signed if client is a minor)

Parent/Legal Guardian Date

(Must be signed if Client is a minor or if Client is 18 or older and has a legal Guardian)