

## **Two Three Counseling PLLC**

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# **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## **I. MY PLEDGE REGARDING HEALTH INFORMATION**

I understand that health information about you and your health care is personal. I am committed to protecting your health information. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice.

This notice will tell you about the ways in which I may use and disclose health information about you. It also describes your rights to the health information I keep about you and certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that protected health information (PHI) that identifies you is kept private;
- Give you this notice of my legal duties and privacy practices with respect to your health information;
- Follow the terms of the notice that is currently in effect;
- Notify you of a breach of your unsecured PHI, if applicable.

**Minnesota law may be more protective of your privacy than federal law. In most cases, Minnesota law requires your written consent to disclose your mental health records, even for treatment purposes. Where state and federal laws differ, we follow the law that provides greater protection of your privacy.**

## II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

### A. For Treatment, Payment, and Health Care Operations

Federal law allows health care providers to use or disclose your PHI without written authorization for treatment, payment, and health care operations. However, **Minnesota law generally requires your written consent before releasing your records to another provider**, except in emergencies or when required by law.

"Treatment" includes the provision, coordination, or management of your health care and related services by one or more health care providers. This also includes consultations and referrals. Disclosures for treatment purposes are not subject to the minimum necessary standard because full access to health information is necessary to provide quality care.

"Payment" includes billing and collecting for services provided to you.

"Health care operations" include administrative functions such as quality assessment and improvement, staff reviews, and training.

### B. Lawsuits and Disputes

If you are involved in a lawsuit or legal proceeding, I may disclose PHI in response to a valid court or administrative order. **Minnesota law generally requires your written consent before releasing mental health records, even in legal proceedings, unless disclosure is ordered by a court.**

## III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

### A. Psychotherapy Notes

I do maintain psychotherapy notes as defined in 45 CFR § 164.501. Use or disclosure of psychotherapy notes requires your written authorization unless:

- Used by me in treating you;
- Used for training or supervising mental health professionals;
- Used in my own legal defense if you bring a legal action against me;
- Used by the Secretary of Health and Human Services to investigate compliance with HIPAA;
- Required by law or for specific oversight activities;
- Required by a coroner or medical examiner;
- Necessary to prevent or lessen a serious threat to health or safety.

## **B. Marketing Purposes**

I will not use or disclose your PHI for marketing purposes without your explicit written authorization.

## **C. Sale of PHI**

I will not sell your PHI under any circumstances.

## **IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION**

I may use or disclose your PHI without your written authorization for the following:

- When required by law (federal or Minnesota law);
- Public health activities, including reporting child, elder, or dependent adult abuse;
- Health oversight activities such as audits and investigations;
- Judicial and administrative proceedings, **but only as allowed by Minnesota law**;
- Law enforcement purposes, such as reporting crimes on the premises;
- To medical examiners or coroners as required by law;
- For research purposes, with appropriate review and safeguards;
- For specialized government functions (e.g., military or national security);
- For workers' compensation claims, as permitted by law;
- To comply with Minnesota Department of Health reporting requirements under Minn. Stat. § 144.05;
- Appointment reminders and information about treatment alternatives or health-related services.

## **V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT**

If you do not object, I may share PHI with:

- A family member, friend, or other person involved in your care or payment for your care.
- Emergency personnel or disaster relief organizations, if necessary.

In an emergency, I may disclose relevant PHI to prevent serious harm. The opportunity to object may be obtained retroactively.

## **VI. YOUR RIGHTS REGARDING YOUR PHI**

- **Request Restrictions:** You can ask for restrictions on use or disclosure for treatment, payment, or health care operations. I may deny requests unless it involves services paid out-of-pocket in full.

- **Request Confidential Communications:** You can request how and where I communicate with you, and I will accommodate reasonable requests.
- **Access Your Records:** You can request an electronic or paper copy of your records (excluding psychotherapy notes). I will respond within 30 days and may charge a reasonable, cost-based fee.
- **Request Amendments:** If your PHI is incorrect or incomplete, you may request an amendment. I may deny the request but will provide an explanation within 60 days.
- **Get a List of Disclosures:** You may request an accounting of PHI disclosures not related to treatment, payment, or operations for the past six years.
- **Get a Copy of This Notice:** You may request a paper or electronic copy of this Notice at any time.
- **Choose a Representative:** If someone has medical power of attorney or is your legal guardian, they may act on your behalf.
- **File a Complaint:** You may file a complaint without retaliation by contacting me or the U.S. Department of Health and Human Services:
  - Website: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)
  - Phone: 877-696-6775

## VII. CHANGES TO THIS NOTICE

I may change this Notice at any time. The revised Notice will apply to all PHI I maintain and will be available upon request, in my office, and on my website.

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## Acknowledgment of Receipt

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.

**By signing or checking below, you acknowledge that you have received and reviewed this HIPAA Notice of Privacy Practices.**