

ELITE PROFESSIONAL SERVICES, LLC

Woodbury, MN 55129

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NOTICE OF PRIVACY PRACTICES (HIPAA + Minnesota Requirements)

Effective Date: August 4, 2022

Most Recent Update: December 15, 2025

Updated to meet 2026 Minnesota & federal regulatory requirements

THIS NOTICE DESCRIBES HOW YOUR CHILD'S PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI)

Your child's health information is personal. I am committed to protecting the privacy of your child and your family. This Notice applies to services provided through **Elite Professional Services, LLC** and covers all records created or maintained as part of your child's care, including CMDE and EIDBI services.

I am required by federal and Minnesota law to:

- Ensure that PHI is kept private (HIPAA & Minnesota Health Records Act).
- Provide you with this Notice explaining my legal duties and privacy practices.
- Follow the terms of this Notice currently in effect.
- Notify you in the event of a breach of unsecured PHI, consistent with HIPAA and MN law.
- Make updated versions of this Notice available upon request or on our website.

I may update this Notice at any time. Changes apply to all PHI I maintain, including information created before the revision date.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOUR CHILD

This section explains how PHI may be shared under **HIPAA, Minnesota Statute, and DHS EIDBI/CMDE program requirements**.

A. Treatment, Payment & Health Care Operations (No Authorization Required)

I may use or disclose PHI for:

1. Treatment

- Coordinating care with other licensed providers involved in your child's evaluation or therapy.
- Consulting with medical, mental health, occupational, speech, behavioral, or educational professionals.

2. Payment

- Billing Medical Assistance or insurance for services provided.
- Verifying eligibility and coverage.
- Providing information necessary for prior authorization or claims processing.

3. Health Care Operations

- Quality improvement activities.
- Reviewing clinical documentation for DHS compliance.
- Training or supervising pre-licensed mental health clinicians.

Minnesota law allows parents/guardians access to their child's records except when limited by minor-consent laws.

B. Lawsuits and Legal Requests

I may disclose PHI:

- In response to a **court order, administrative order, or valid subpoena**.
- Only after reasonable attempts to notify you, unless prohibited or overridden by law.
- In compliance with Minnesota Health Records Act requirements for redisclosure limits.

III. USES & DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Some uses of PHI require signed authorization:

A. Psychotherapy Notes

I generally do not keep separate "psychotherapy notes" under 45 CFR §164.501. If such notes exist, I must obtain your written permission unless disclosure is:

- For treatment of your child
- For training/supervision
- Required by law or regulation
- Needed for legal defense

B. Marketing

I will **never** use your child's PHI for marketing purposes.

C. Sale of PHI

I will **never sell** PHI.

D. Release of Information to Schools, Courts, Attorneys, or External Agencies

Requires written authorization unless mandated by law.

IV. USES & DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

I may disclose PHI without your consent in the following situations permitted by law:

A. Required by Federal or Minnesota Law

Examples include:

- Reporting abuse or neglect (mandatory reporting).
- Responding to communicable disease reporting requirements.
- Complying with court orders.

B. Public Health & Safety

- Reducing or preventing a serious and imminent threat to a person's safety.
- Reporting vulnerable adult or child maltreatment.

C. Health Oversight Activities

- Audits, licensing reviews, DHS compliance investigations.
- Medicaid or insurance program integrity activities.

D. Judicial & Administrative Proceedings

- As required by orders or legal mandates (limited to minimum necessary).

E. Law Enforcement

- Reporting crimes occurring on the premises.
- Complying with legal requests when specific criteria are met.

F. Coroners / Medical Examiners

- For identification or determining cause of death.

G. Research

- Limited to IRB-approved studies with de-identified or minimally necessary PHI.

H. Specialized Government Functions

- National security, military operations, correctional facility safety.

I. Workers' Compensation

- When required to comply with workers' compensation laws.

J. Appointment Reminders & Service Information

I may contact you regarding:

- Appointment reminders
- Care coordination
- Available treatment options

V. USES & DISCLOSURES REQUIRING AN OPPORTUNITY FOR YOU TO OBJECT**A. Disclosure to Family Members or Others Involved in Care**

I may share PHI with individuals involved in your child's care **unless you object**. You may limit or revoke consent at any time.

VI. YOUR RIGHTS REGARDING YOUR CHILD'S PHI

Under HIPAA and Minnesota law, you have the right to:

1. Request Limits on PHI Uses or Disclosures

You may request restrictions. I am not required to agree unless:

- You have paid out-of-pocket in full, and
- You request that the information not be disclosed to your health plan.

2. Request Confidential Communications

You may request communication through specific methods (e.g., email, text, phone) or to a specific address.

3. Inspect and Request Copies of Your Child's PHI

You may request:

- Electronic records
- Paper records
- A clinical summary

I will respond within **30 days** and may charge a reasonable fee as permitted by MN Statute and HIPAA.

4. Request an Accounting of Disclosures

You may request a list of disclosures made in the past **six years**, excluding those for treatment, payment, or healthcare operations.

5. Request Corrections (Amendments) to Your Child's Record

If information is wrong or incomplete, you may request a correction. If I deny the request, you will receive written notice explaining the reason.

6. Obtain a Paper or Electronic Copy of This Notice

You may request a printed or emailed copy at any time, even if you originally agreed to electronic delivery.

7. File a Complaint

You may file a complaint if you believe your privacy rights were violated.

You may file with:

Elite Professional Services, LLC

U.S. Department of Health and Human Services, Office for Civil Rights (OCR)

No retaliation will occur if you file a complaint.

VII. ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

Under HIPAA, you must acknowledge receipt of this Notice of Privacy Practices.

By signing below, you acknowledge you:

- Received this Notice
- Understand the contents
- Understand it applies to all services delivered by Elite Professional Services, LLC
- Understand that **only the parent or legal guardian** may sign on behalf of the minor child

SIGNATURES

Child Name: _____

Parent/Legal Guardian Name: _____

Signature: _____ **Date:** _____

Clinician Signature: _____ **Date:** _____