

**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**

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**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.**

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**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.

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**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.

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## **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.
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## **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.

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## **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

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**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.

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**VI. YOUR RIGHTS REGARDING YOUR CHILD'S PHI**

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

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**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.

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**2. Request Confidential Communications**

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

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**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.

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**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.

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**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.

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**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.

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**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.

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**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

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**SIGNATURES**

**Child Name:** \_\_\_\_\_

**Parent/Legal Guardian Name:**

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**Signature:** \_\_\_\_\_ **Date:**

\_\_\_\_\_

**Clinician Signature:** \_\_\_\_\_ **Date:**

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