

Plymouth Psych Group

INFORMED CONSENT PACKET

Name: (Last, First, M.I.)	Date of Birth:
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My signature below indicates that I have been provided with a copy of the following documents for review:

- Transfer of Care
- Client Rights
- Notice of Privacy Practices
- Other Important Information

Assignment of Benefits

I hereby authorize direct payment to Plymouth Psych Group of any medical benefits otherwise payable to me for services provided by a provider affiliated with Plymouth Psych Group, PLLC.

Records Release

I hereby authorize Plymouth Psych Group to release my records to my insurance company and/or primary care physician for the purpose of processing my insurance claims. This authorization shall remain in effect as long as charges are being submitted for insurance claim processing, or as long as dictated by payer.

Financial Responsibility

I take full responsibility for all copays, balances not covered by my individual medical insurance provider and any other fees that pertain to the status of my account.

By signing this form, I am acknowledging that the information in this packet has been given to me, read, and understood. I have been given the opportunity to ask questions about this information. By signing this form, I am consenting to treatment for myself; or as a personal representative, to the treatment of the patient.

Signature: _____ **Date:** _____
Patient/Client or Personal Representative

**If signed by a personal representative, relationship to patient:* _____

Plymouth Psych Group reserves the right to make changes to the policies and information provided at their own discretion.

If you have questions about any of the information presented here, please contact us.

Main Clinic:
3021 Harbor Lane N, Suite 206 • Plymouth, MN 55447
Phone: 763-559-1640 • Fax: 763-559-1617
info@plymouthpsychgroup.com

Specialty Programs:
3021 Harbor Lane N, Suite 105 • Plymouth, MN 55447
Phone: 952-444-2099 • Fax: 763-559-1617
specialtyprograms@plymouthpsychgroup.com

Part A: Transfer of Care

External Transfer of Care

External transfer of care may be deemed necessary and appropriate as request by patient, and/or as recommended by provider, and/or if patient is unable to comply with Plymouth Psych Group's financial policy, to ensure reasonable financial assistance for the patient. Written Notice of Transfer must be given to the patient and include the following:

- Reason for the transfer of care
- Treatment plan and prescription accommodation at the provider's discretion
- Records coordination
- At least three appropriate referrals

Transfer of Care period should conclude within 90 days, or once the patient has established alternative care. Any unpaid balance must be paid in full before records will be released, unless the reason for transfer is due to financial hardship. This status must be confirmed by the Office Manager.

Internal Transfer of Care

Internal transfer of care can be requested by the client or referred by the provider. If a patient requests an internal transfer of care, they must obtain and complete a Transfer of Provider form from the front desk. This completed form will be given to both providers, current and prospective for their knowledge. Both providers will review the reason for the transfer. If the providers agree to the transfer, they will inform the front desk staff for future scheduling of the client. If a provider refers a client to an alternative provider within the clinic, they must inform the prospective provider formally by direct or email notification and are responsible to discuss the continuity of care for the patient. An exit session may take place as needed.

Part B: Client Rights

Consumers of professional mental health services have the right to:

1. Expect that the professional consulted has met the minimal qualifications of training and experience commensurate with service requirements and in accordance with professional and/or disciplinary standards
2. Be informed of the credentials of those by whom they are served
3. Be informed of the cost of professional services prior to receiving those services and reasonable notice of changes in services or charges
4. Privacy as defined by rule and law
5. Be free from being the subject of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services
6. Have access to their records as provided in Minnesota Statutes, section 144.335 subdivision 2
7. Be free from exploitation for the benefit or advantage of a therapist
8. Expect courteous treatment and be free from maltreatment and verbal, physical, or sexual abuse by the provider
9. A coordinated transfer of services
10. Participate in planning and developing treatment plans and goals and to refuse services or treatment
11. Appropriate care based on individual need
12. Voice concerns regarding your care with either your practitioner directly or the Plymouth Psych Group Operations Manager (Kelly Hidde – 763-559-1640)
13. A prompt and reasonable response to questions and requests
14. To assert these rights without fear of retaliation

As a client, you are responsible for:

1. Showing respect and consideration for the facility staff and property
2. Assuming full care for your child/children while in the reception area
3. Providing accurate and complete information about your health and reporting any changes in it
4. Asking questions when you do not understand what you have been told about the care being offered to you or what you are being asked to do

5. Following the care or treatment plan developed with you
6. Reporting any risks you think are related to your care as well as any unexpected changes in your condition
7. Accepting the consequences if you do not follow the care or treatment plan
8. Paying for charges related to your care

Part C: Notice of Privacy Practices

Confidentiality

Most of the information your provider collects about you will be classified as confidential. However, when insurance is involved, Plymouth Psych Group does not have control over and cannot assure its clients of confidentiality. That means employees of the insurer and employees of contracted organizations of the insurer have access to your chart. This is provided for the insurance policy between you and your insurance company.

The client record is legally the property of Plymouth Psych Group. However, clients may request and will be given access to information contained in the file, except in those cases where the release of such information may be deemed harmful to the client's wellbeing or in other instances permitted by law.

Parents have the legal right to their child's records if the patient is under the age of 18, however, if the patient is 16 years or older the patient has the right to limit some information when records are being released.

In few cases, information is unavailable to the client. Certain confidential data may be available only to the provider and particular government agencies. Classified material falling into this category might deal with adoption, civil or criminal investigations, some medical data and the names of persons who report suspected abused of children or vulnerable adults.

Information can be released to others only upon written informed consent of the client by completing a Release of Information form. Patient records and files are generally maintained and stored electronically. If you request your file or documents contained therein they may be provided to you in an electronic format. If you request a paper copy of your file or documents contained therein you agree to pay for the associated costs.

Exceptions to Privacy

All members of the staff at Plymouth Psych Group will hold information confidential except under the following circumstances:

- If a client threatens to harm someone (including self), a staff person must, by law, take appropriate action to ensure safety.
- If the client engages in irresponsible sexual activity while HIV positive.
- If a client uses recreational drugs or alcohol irresponsibly while pregnant.
- If a practitioner suspects that a client is physically or sexually abusing a child or vulnerable adult, the therapist is required by law to report concern to the proper authorities.
- If a practitioner suspects that a client is being physically or sexually abused
- If a client is under the age of 18 and the practitioner judges it is in the best interest of the client to share information
- Requests from your insurance company
- When otherwise required by applicable law, rule or regulation

Our Pledge

The privacy of your health information is important to us. We are required by law to protect the privacy of your health information. We must give you notice of our legal duties and privacy practices concerning "protected health information" or "PHI" including:

- We must protect PHI that we have created or received about your past, present, or future health condition, health care we provide to you, or payment your health care.
- We must notify you about how we protect PHI about you.
- We must explain how, when and why we use and/or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in the Notice.
- We must abide by the terms of this Notice

We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain. We will post a revised notice in our offices, make copies available to you upon request and post the revised notice on our website.

Minnesota Patient Consent for Disclosures

For most disclosures of your health information we are required by State of Minnesota Laws to obtain a written consent from you, unless the disclosure is authorized by law. This consent may be obtained at the beginning of your treatment, during the first delivery of health care service, or at a later point in your care, when the need arises to disclose your health information to others outside of our organization.

Uses and Disclosures

A. For Purposes of Treatment, Payment, Health Care Operations

Health Care Treatment. We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing the delivery of health services with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider.

Payment. We may use and disclose your medical information to others to bill and collect payment for the treatment and services provided to you. For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. Before you receive scheduled services, we may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of your medical information with the following: **1)** Billing departments; **2)** Collection departments or agencies; **3)** Insurance companies, health plans and their agents which provide you coverage; **4)** Utilization review personnel that review the care you received to check that it and the costs associated with it were appropriate for your illness or injury; and **5)** Consumer reporting agencies (e.g., credit bureaus).

Health Care Operations. We may use and disclose PHI in performing business activities, which we call "health care operations". For example: Members of our staff such as the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Our Business Associates. There are some services provided in our organization through contacts with business associates. Examples include physician services in the Emergency Department and Radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to sign a contract ensuring their commitment to protect your PHI consistent with this Notice and to appropriately safeguard your information.

B. Requiring Your Authorization

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization, different from the Minnesota Patient Consent, to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Research: We may disclose information to external researchers with your authorization, which we will attempt to collect in a manner consistent with applicable state laws.

Marketing: We will not be able to use or disclose your name, contact information or other PHI for purposes of marketing without your written authorization. This does not include informing you about treatment alternatives or other health related products or services that may be of interest to you.

C. Require Your Opportunity to Agree or Object

In the following instances we will provide you the opportunity to agree or object to a use or disclosure of your PHI:

- Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.
- Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

If you would like to object to our use or disclosure of Pyou in the above circumstances, please call our contact person listed on the cover page of this Notice.

D. Authorized by Law that Do Not Require Your Consent, Authorization or Opportunity to Agree or Object

Under certain circumstances we are authorized to use and disclose your health information without obtaining a consent or authorization from you or giving you the opportunity to agree or object. These include:

- When the use and/or disclosure is authorized or required by law. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- When the use and/or disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the disclosure relates to victims of abuse, neglect or domestic violence.
- When the use and/or disclosure is for health oversight activities. For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.
- When the disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- When the disclosure is for law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the use and/or disclosure relates to decedents. For example, we may disclose PHI about you to a coroner or medical examiner, consistent with applicable laws, to carry out their duties.
- When the use and/or disclosure relates to products regulated by the Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.
- When the use and/or disclosure relates to cadaver organ, eye or tissue donation purposes. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- When the use and/or disclosure relates to Worker's Compensation information: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

- When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and eminent threat to the health or safety of a person or the public.
- When the use and/or disclosure relates to specialized government functions. For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

Your Individual Rights

A. To Request Restrictions on Uses and Disclosures of PHI

You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection 4 of the previous section of this Notice. You may request a restriction by submitting your request in writing to us. We will notify you if we are unable to agree to your request.

B. To Request Communications via Alternative Means or to Alternative Locations

Periodically, we will contact you by phone, email, postcard reminders, or other means to the location identified in our records with appointment reminders, results of tests or other health information about you. You have the right to request that we communicate with you through alternative means or to alternative locations. For example, you may request that we contact you at your work address or phone number or by email. While we are not required to agree with your request, we will make efforts to accommodate reasonable requests. You must submit your request in writing.

C. To See and Copy PHI

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.

D. To Request Amendment of PHI

You have the right to request that we make amendments to clinical, financial and other health-related information that we maintain and use to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment and, when appropriate, provide supporting documentation. We may deny your request if: **1)** the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); **2)** the information is not part of the records used to make decisions about you; **3)** we believe the information is correct and complete; or **4)** you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment.

E. To Request and Accounting of Disclosures of PHI

You have the right to a listing of certain disclosures we have made of your PHI. You must request this in writing. You may ask for disclosures made up to six years before the date of your request (not including disclosures made prior to October 1st, 2011). The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the

disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information. If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee.

F. To Receive a Copy of This Notice

You have the right to request and receive a paper copy of this Notice at any time. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services or when the first contact is not in person, and then we will provide the Notice to you as soon as possible). We will make this Notice available in electronic form and post it in our web site.

Complaints

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information you may file a complaint with our Privacy Official. You can also submit a written complaint to the U.S. Department of Health and Human Services. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services. In the case you feel it necessary to contact a professional group outside of our clinic, it is your right to do so. Professional associations interested in promoting high quality services and professional ethics are:

- Minnesota Psychological Association: 651-203-7249
- Minnesota Board of Psychology: 612-617-2230
- Minnesota Psychiatric Society: 651-407-1873
- Minnesota Board of Medical Examiners: 612-617-2130
- Minnesota Board of Marriage and Family Therapy: 612-617-2220
- Minnesota Board of Social Workers: 612-617-2100
- National Association of Social Workers: 651-293-1935:
- Minnesota Nurses Association: 651-414-2800
- Minnesota Board of Nursing: 612-317-3000
- American Association of Marriage and Family Therapists: 703-838-9805

Part D: Other Important Information

Students, Interns, and Providers Under Supervision

Plymouth Psych Group contracts with colleges and institutions as we are interested in the ongoing education of future providers. Therefore, there may be students, residents, fellows, and other graduate students present during your visit. Please understand that your confidentiality remains protected. Some providers may also be practicing under supervision of other providers at our clinic as part of their licensure requirements. You will always be notified in advance if this is the case. Supervision includes regularly scheduled meetings between supervisor and supervisee as well as a periodic review of their documentation. Appointments will be billed under the supervisor until an independent licensure is obtained by the provider.

Emergencies

Listed below are some additional phone numbers you may want to keep with you in case of emergency and your provider is not immediately available.

- 911 Emergency Services
- United Way First Call for Help: 612-291-0211
- National Suicide Prevention Lifeline: 1-800-273-8255
- For Abuse Victims: 651-646-0094
- Hennepin County Medical Center Crisis Center: 612-873-3161
- Behavioral Emergency Center, Fairview Riverside: 612-273-5640
- Your local county crisis center