

# **NOTICE OF PRIVACY PRACTICES**

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**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Health information is information about your past or present health status, condition, diagnosis, treatment, prognosis, or payment for health care.**

## **Your Health Information Rights**

- You have the right to decide how I can contact you (by phone at home or work, by mail).
- You may look at or get copies of your health information. You must make your request in writing.
- You may ask to change certain health information. You must make your request in writing and explain why the information should be changed.
- You have a right to a copy of this Notice of Privacy Practices.
- You have a right to request a list of where your health records have been sent.
- You have the right to revoke any authorization to release your records at any time.

## **Uses and Disclosures**

Your health information is confidential and may be given to others only with your written permission except in the following situations:

- In an emergency where information is needed for your treatment
- If you make a specific threat of harm to yourself or someone else and it is deemed imminent, I may take steps to protect you or others.
- If I suspect possible abuse or neglect of a child or vulnerable adult I will make a report to the proper authorities.
- If you are pregnant and using a controlled substance the law requires me to notify the proper authorities.
- If there is a court order to release your records.
- If there is a public health risk (reporting and controlling disease such as tuberculosis, adverse events related to food or medications).

## **Questions and Complaints**

If you have questions about this notice or believe your privacy rights have been violated, you may file a complaint with the U.S. Department of Health and Human Services.