

**JASON PORTER COUNSELING, LLC**  
**NOTICE OF PRIVACY PRACTICES**

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

During your treatment at Jason Porter Counseling, LLC (“**Porter Counseling**”), professional counselors, licensed marriage and family therapists, and other healthcare professionals and caregivers may gather information about your medical history and your current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by Porter Counseling. We are required by law to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; follow the terms of the notice that is currently in effect; and notify you in the event there is a breach of any unsecured protected health information about you.

**Your medical information may be used and disclosed for the following purposes:**

- **Treatment:** We may use your information to provide, coordinate, and manage your care and treatment. For example, a Porter Counseling therapist may share your medical information with another health care professional for a consultation or a referral.
- **Payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company, or another third party. For example, we may need to give your health plan information about treatment you received at Porter Counseling so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, to determine whether your plan will cover the treatment or for purposes of an independent review of a denial of a claim based on lack of medical necessity.
- **Health Care Operations:** We may use and disclose medical information about you for Porter Counseling’s health care operations. Health care operations are the uses and disclosures of information that are necessary to run Porter Counseling and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services, and to evaluate the performance of our staff who is providing care to you.
- **Appointment Reminders and Other Health Information:** We may use your medical information to send you reminders about future appointments. We may also send you refill

reminders or other communications about your current medications. However, if we receive any financial remuneration for making such refill or medication communications beyond our costs of making the communication, we must first obtain your written authorization to make such communications. We may contact you with information about new or alternative treatments or other health care services or for purposes of care coordination, unless we receive financial remuneration in exchange for making the communication; in that case, we will obtain your written authorization to make such communications. However, we are not required to obtain your written authorization for face-to-face communications.

- **To People Assisting in Your Care.** Porter Counseling will only disclose medical information to those taking care of you, helping you to pay your bills, or other close family members or friends if these people need to know this information to help you, and then only to the extent permitted by law. Generally, we will get your written consent prior to making disclosures about you to family or friends. If you are able to make your own health care decisions, Porter Counseling will ask your permission before using your medical information for these purposes. If you are unable to make health care decisions, Porter Counseling will disclose relevant medical information to family members or other responsible people if we feel it is in your best interest to do so, including in an emergency situation.
- **Research:** Federal law permits Porter Counseling to use and disclose medical information about you for research purposes, either with your specific, written authorization or when the study has been reviewed for privacy protection by an Institutional Review Board or Privacy Board before the research begins. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or the potential participants are appropriate. Minnesota law provides that you may object to our disclosure of your health records to an external researcher, and that we must use reasonable efforts to obtain your written general authorization prior to the disclosure.
- **As Required by Law:** We will disclose medical information about you when we are required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **To Business Associates:** Some services are provided by or to Porter Counseling through contracts with business associates. Examples include Porter Counseling's attorneys, consultants, collection agencies, and accreditation organizations. We may disclose information about you to our business associates so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to redisclose the information unless specifically permitted by law.

**Your medical information may be released in the following special situations:**

- **Military and Veterans:** If you are a member of the armed forces, we will release medical information about you as requested by military command authorities if we are required to do so by law, or when we have your written consent. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law or with written consent.
- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. We are permitted to disclose information regarding your work-related injury to your employer or your employer's workers' compensation insurer without your specific consent, so long as the information is related to a workers' compensation claim.
- **Public Health:** We may disclose medical information to public health authorities about you for public health activities. These disclosures generally include the following:
  - Preventing or controlling disease, injury or disability;
  - Reporting child abuse or neglect, or abuse of a vulnerable adult;
  - Reporting reactions to medications or problems with products;
  - Notifying people of recalls of products they may be using;
  - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
  - Reporting to the FDA as permitted or required by law.
- **Health Oversight Activities:** Porter Counseling may disclose medical information to a health oversight agency for health oversight activities that are authorized by law. These oversight activities include, for example, government audits, investigations, inspections, and licensure activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes:** We may disclose medical information about you in response to a valid court order or statutory authorization, or with your written consent.
- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official when we have your written consent, or in the following circumstances when we do not have your written consent:
  - To comply with a court order or court-ordered warrant, a subpoena or summons issued by a judicial officer, or a grand jury subpoena;
  - To comply with an administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, provided that: the information sought is relevant and material to a legitimate law enforcement inquiry; the request is specific and limited in scope to the extent

reasonably practicable in light of the purpose for which the information is sought, and de-identified information could not reasonably be used;

- To report certain types of wounds where required by law, such as gunshot wounds and some burns. In most cases, reports will include only the fact of injury, and any additional disclosures would require your consent or a court order;
- If you are the victim of a crime, if, under certain limited circumstances, we are unable to obtain your agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at our facility; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

We may also release your name and address, date and place of birth, social security number, ABO blood type and rh factor, type of injury, date and time of treatment, date and time of death (if applicable), and a description of distinguishing physical characteristics, to law enforcement in the following situations:

- To identify or locate a suspect, fugitive, material witness, or missing person.
  - If a member of our workforce is a victim of a criminal act and you are the suspected perpetrator of that criminal act.
  - To identify or apprehend an individual who has admitted participation in a violent crime that we reasonably believe may have caused serious physical harm to a victim, provided that the admission was not made in the course of or based on your request for therapy, counseling, or treatment related to the propensity to commit this type of violent act.
- **Coroners, Medical Examiners, and Funeral Directors:** We will release medical information to a coroner or medical examiner in the case of certain types of death, and we must disclose health records upon the request of the coroner or medical examiner.
  - **National Security and Intelligence Activities:** We will release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities only as required by law.
  - **Protective Services for the President and Others:** We will disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations only as required by law.
  - **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we will release medical information about you to the correctional institution or law enforcement official only as permitted by law.

**You have the following rights regarding medical information we maintain about you:**

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your medical information that is used to make decisions about your care. Usually, this includes medical and billing records maintained by Porter Counseling.

If you wish to inspect and copy medical information, you must submit your request in writing to Porter Counseling. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request, to the extent permitted by state and federal law. If we maintain your health information electronically as part of a designated record set, you have the right to receive a copy of your health information in electronic format upon your request. You may also direct us to transmit your health information (whether in hard copy or electronic form) directly to an entity or person clearly and specifically designated by you in writing.

We may deny your request to inspect and copy your information in certain very limited circumstances. For example, we may deny access if your therapist believes it will be harmful to your health, or could cause a threat to others. In these cases, we may supply the information to a third party who may release the information to you. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Porter Counseling will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Request Amendment:** If you believe that medical information we have about you is incorrect or incomplete, you have the right to ask us to change the information. You have the right to request an amendment for as long as the information is kept by or for Porter Counseling.

To request a change to your information, your request must be made in writing, include a reason that supports your request, and be submitted to Porter Counseling at the address included at the end of this Notice.

Porter Counseling may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by Porter Counseling, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for Porter Counseling;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. This list will not include disclosures for treatment, payment, and health care operations;

disclosures that you have authorized or that have been made to you; disclosures for facility directories; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; disclosures that took place before April 14, 2003; and certain other disclosures.

To request this list of disclosures, you must submit your request in writing to Porter Counseling at the address included at the end of this Notice. Your request must state a time period for which you would like the accounting. The accounting period may not go back further than six years from the date of the request. You may receive one free accounting in any 12-month period. We will charge you for additional requests.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you. If you pay out-of-pocket in full for an item or service, then you may request that we not disclose information pertaining solely to such item or service to your health plan for purposes of payment or health care operations. We are required to agree with such a request, unless you request a restriction on the information we disclose to a health maintenance organization (“HMO”) and the law prohibits us from accepting payment from you above the cost-sharing amount for the item or service that is the subject of the requested restriction. *However, we are not required to agree to any other request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or you request that we remove the restriction.

To request restrictions, you must make your request in writing to Porter Counseling at the address listed at the end of this Notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, if you want to prohibit disclosures to your spouse.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you only at work or only by mail.

To request confidential communications, you must make your request in writing to Porter Counseling at the address included at the end of this Notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and we may require you to provide information about how payment will be handled.

- **Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice any time. This notice is on our website, [www.\\_\\_\\_\\_\\_](http://www._____).

### **Changes to This Notice**

The effective date of this notice is January 1, 2024. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. If the terms of this

notice are changed, Porter Counseling will provide you with a revised notice upon request, and we will post the revised notice on our website and in designated locations at our offices.

### **Complaints or Questions**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with Porter Counseling, or to ask a question about this Notice, contact Jason Porter, MA, LPCC, LADC at (612) 670-1742. All complaints must be submitted in writing to Porter Counseling at the address included at the end of this Notice. *You will not be penalized for filing a complaint.*

### **Other Uses and Disclosures of Protected Health Information**

We are required to obtain a written authorization from you for most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information. Except as described in this Notice, Porter Counseling will not use or disclose your protected health information without a specific written authorization from you. If you provide us with this written authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

### **Contact Information for Jason Porter Counseling, LLC**

Jason Porter Counseling LLC  
724 Bielenberg Dr. #104  
Woodbury, MN 55125  
612-670-1742  
[jasonportercounseling@gmail.com](mailto:jasonportercounseling@gmail.com)

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**ACKNOWLEDGMENT OF RECEIPT OF NOTICE**

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. These rights are more fully described in Jason Porter Counseling, LLC's ("Porter Counseling") Notice of Privacy Practices. Porter Counseling is permitted to revise its Notice of Privacy Practices at any time. We will provide you with a copy of the revised Notice of Privacy Practices upon your request.

**By signing below, you are acknowledging that you have received a copy of Jason Porter Counseling, LLC's Notice of Privacy Practices.**

Patient name: \_\_\_\_\_

Patient Representative: \_\_\_\_\_

If signed by Patient Representative, state authority to act on behalf of patient: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_

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ENTITY USE ONLY

I, \_\_\_\_\_, attempted to obtain the patient's acknowledgement of receipt of the Notice of Privacy Practices, but was unable to do so.

Reason acknowledgement not obtained: \_\_\_\_\_

\_\_\_\_\_

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