Wild Peace Integrative Wellness PLLC

Notice of Privacy Practices

PRIVACY NOTICE

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.**

YOUR RIGHTS

When it comes to your health information, you have certain rights. The following sections explain your rights and some of our responsibilities to help you.

COPY OF MEDICAL RECORD

Receive an electronic or paper copy of your medical record

- You can ask to see or copy an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. Please note: Psychotherapy notes are exempted from your right to see or receive a copy. "Psychotherapy notes" are notes made by your provider about your conversations during a private, group, family, or joint counseling session, which are kept separate from your clinical record. These notes are given a greater degree of protection than PHI.
- Your provider may deny access to your records under certain circumstances, but in some cases, you may have this decision reviewed. On your request, your provider will discuss with you the details of the request and denial process.
- We will provide a copy or a summary of your health information within a reasonable time.
- If you ask to see or receive a copy of your record for purposes of reviewing current medical care, we may not charge you a fee. [Minn. Stat. § 144.292 subd. 6]
- If you request copies of your patient records of past medical care, or for certain appeals, we may charge you specified fees. [Minn. Stat. § 144.292 subd. 6]

REQUEST TO AMEND MEDICAL RECORD

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

REQUEST CONFIDENTIAL COMMUNICATIONS

Request for us to contact you confidentially

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will honor all reasonable requests.

REQUEST TO LIMIT USE/SHARING FOR TPO

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations (TPO). We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information. Minnesota Law requires consent for disclosure of treatment, payment, or operations information. [Minn. Stat. § 144.293 subd. 2]

LIST OF THOSE WITH WHOM WE'VE SHARED INFORMATION

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, whom we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

COPY OF THIS PRIVACY NOTICE

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

FILE A COMPLAINT

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1. Please address your concerns with one of the Privacy Officers.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S .W ., Washington, D .C . 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

REQUEST US NOT TO SHARE

For certain health information, you can tell us your choices about what we share.

- If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
- In these cases, you have both the right and choice to tell us NOT to:
- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- If you are not able to tell us your preference, for example, limited communication abilities or acute mental illness symptoms, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

WILL NEVER SHARE WITHOUT PERMISSION

In this case we never share your information unless you give us written permission:

- Psychotherapy notes require a specific authorization
- Minnesota Law also requires consent for most other sharing purposes.

USE AND DISCLOSURES FOR TPO

How do we typically use or share your health information?

We need your consent before we disclose protected health information for treatment, payment, and operations purposes, unless the disclosure is to a related entity, or the disclosure is for a medical emergency and we are unable to obtain your consent due to your condition or the nature of the medical emergency. [Minn. Stat. § 144.293, subd. 2 and 5]

We typically use or share your health information in the following ways:

Treat you

We can use your health information and share it with other professionals who are treating you only if we have your consent. We can only release your health records to health care facilities and providers outside our mental health clinic without your consent if it is an emergency and you are unable to provide consent due to the nature of the emergency. [Minn. Stat. § 144.293, subd. 2 and 5]

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. We are required to obtain your consent before we release your health records to other providers for their own health care operations. [Minn. Stat. § 144.293, subd. 2 and 5]

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities only if we obtain your consent. [Minn. Stat. § 144.293, subd. 2 and 5]

Example: We give information about you to your health insurance plan so it will pay for your services.

OTHER USES AND DISCLOSURES

How else can we use or share your health information?

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for

these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

PUBLIC HEALTH AND SAFETY

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

RESEARCH

Do research

- We can use or share your information for health research if you do not object. [Minn. Stat. § 144.295 subd. 1]

COMPLY WITH THE LAW

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. [Minn. Stat. § 144.293 subd. 2]

ORGAN AND TISSUE DONATION

- Wild Peace Integrative Wellness PLLC is not involved in organ and tissue donation requests. We can share health information about you with organ procurement organizations only with your consent. [Minn. Stat. § 525A.14]

MEDICAL EXAMINER

- We can share health information with a coroner and medical examiner when an individual dies. [Minn. Stat. § 390.11 subd. 7 (a)]

WORKERS' COMP, LAW ENFORCEMENT, GOVERNMENT

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official with your consent, unless required by law. [Minn. Stat. § 144.293, subd. 2]
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services with your consent, unless required by law. [Minn. Stat. § 144.293, subd. 2]

RESPOND TO LEGAL ACTIONS

- We can share health information about you in response to a court or administrative order, or in response to a subpoena. Minnesota may require a court order. [Minn. Stat. § 144.293 subd. 2]

OTHER STATE LAW

- The release of Psychotherapy notes requires a separate authorization form.

- "In Minnesota, we need your consent before we disclose protected health information for treatment, payment, and operations purposes, unless the disclosure is to a related entity, or the disclosure is for a medical emergency and we are unable to obtain your consent." [Minn. Stat. §§ 13.386, 254A.09]

MAINTAIN PRIVACY & SECURITY

- We are required to maintain the privacy and security of your protected health information.
- Wild Peace Integrative Wellness PLLC will never market or sell your information.

INFORM OF BREACH

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

FOLLOW NOTICE PRACTICES

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

- WPIW PLLC Owner Keely Heiser linfo@wildpeacemn.com 952.260.8330

CHANGES TO THE TERMS OF THIS NOTICE

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

EFFECTIVE DATE

This revised notice went into effect 4/29/2026.