



Faithful and True Ministries Inc.  
15798 Venture Lane Eden Prairie, MN 55344  
Phone: 952-746-3880 Fax: 952-746-3897  
Email: [info@faithfulandtrueministries.com](mailto:info@faithfulandtrueministries.com)

## Notice of Privacy Practices

The U. S. Health Insurance Portability and Accountability Act requires that we provide you with information as to how your personal data may be disclosed and how you might get access to this data.

We (Faithful and True Ministries Staff) may disclose your protected health information (PHI) in your treatment in health care operations such as billing or case consultation without your specific authorization.

If we need to disclose your PHI for purposes other than treatment, payment and health care operations, we will need a specific written authorization from you. You may revoke this authorization at any time by notifying us at Faithful and True in writing and no further disclosures will be made under that authorization.

We may disclose your PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If we have reason to believe that a child is being or within the last three years has been neglected or physically or sexually abused, we are required to report to the welfare and police officials.
- **Adult Abuse:** If we have reason to believe that a vulnerable adult is being or has been maltreated, we are required to report that information to the welfare or law enforcement agency.
- **State Boards:** A licensing board may subpoena records from us if they are relevant to an investigation.
- **Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information, we must not release this information without written authorization from you, your attorney, or judge. This privilege does not apply when the evaluation is court ordered.
- **Serious Threat to Health or Safety:** If you communicate a specific, serious threat of physical violence against a specific, clearly identified victim, we must make reasonable efforts to communicate this threat to a law enforcement agency. We also may disclose whatever information about you is necessary in order to protect you from a threat to commit suicide.
- **Workers Comp:** If you file a worker's compensation claim, a release will not need your prior approval.

You have the right to request restrictions on PHI disclosure, to inspect or obtain your PHI, or to request an amendment of you PHI. However, we are not required to agree to all restrictions you may request and we may need to deny access or amendment suggestions under certain circumstances.

We reserve the right to change the policies described in this notice. Unless we give or mail you a notification of such changes, however, we are required to abide by the terms currently in effect.

If you believe that we violated your privacy rights or you disagree with a decision about your records, you may make a written complaint to us or the U.S. Department of Health and Human Services

I have been given a copy of this Notice of Privacy Practices form, which is effective as of 3-1-03

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

