

Notice of Privacy Practices of Lifespan Mental Health PLLC

This notice describes how your medical records and related personal information may be used and disclosed by Lifespan Mental Health PLLC ("Lifespan Mental Health", "us", "Company") and how you can access this information. Please review it carefully. This policy applies to all providers and locations within Lifespan Mental Health PLLC.

Privacy Commitment

Lifespan Mental Health PLLC is legally required to protect your protected health information (PHI). This document outlines your privacy rights and our legal responsibilities in handling your PHI. We follow the terms in this notice unless the law requires changes, in which case, an updated notice will be provided to you in person, by mail, or electronically depending on your communication preference.

Understanding Your Protected Health Information

PHI includes:

- Health and medical history or personal identifiers
- Medical or psychiatric care information (past, current, or future)
- Insurance or payment information
- Genetic testing and family-related genetic data

Your medical record exists to document services and facilitate informed, lawful care.

Your Health Information Rights

You have the right to:

- Request restrictions on use/disclosure of PHI
- Request corrections to inaccurate or incomplete PHI
- Request confidential communication methods (e.g., by mail, email)
- Limit disclosure to others involved in your care
- Request an accounting of disclosures for up to six years (some exclusions apply)
- Inspect and copy your PHI (excluding certain psychotherapy notes or information likely to cause harm)
- Rescind previously granted authorizations
- File a complaint without fear of retaliation

How We May Use or Disclose PHI (with or without your consent)

We may share your PHI for:

- Treatment, payment, and health care operations
- Legal and public health requirements (e.g., mandatory reporting, subpoenas)
- Organ donation and research (with your option to object)
- Serious safety threats (to you or others)
- Emergency situations where consent is not feasible



We will not use or share your PHI for marketing or sell your information without written consent.

Special Provisions

- Psychotherapy and substance use treatment notes require separate, explicit written consent
- Mandated reporting: Minnesota law requires reports of suspected abuse/neglect of children or vulnerable adults
- Guardianship or Power of Attorney: A legal guardian or healthcare power of attorney may access your PHI only if you become incapacitated

Supplemental Notice for Minor Patients in Minnesota

This section provides specific information regarding confidentiality and consent for minor patients (under 18) under Minnesota law. It is provided in addition to the general privacy practices above.

Confidentiality and Consent Laws for Minors in Minnesota

Minnesota Statutes, Chapter 144, identifies situations where minors may independently consent to health care services without parental or guardian approval:

When Parental Consent Is Not Required:

- 144.341: Minor living separately and managing finances
- 144.342: Minor who is married or has a child
- 144.343: Services for pregnancy, STIs, alcohol/drug use
- 144.344: Emergency treatment
- 144.3441: Hepatitis B vaccination
- 144.345: Good faith reliance on minor's representation
- 144.346: When withholding info would seriously risk minor's health
- 144.347: Minor accepting financial responsibility for services

Important Notes on Privacy and Record Access for Minor Patients

- Minors aged 16 or older who consent to outpatient mental health services must sign a Release of Information (ROI) for records to be shared with a parent/guardian.
- Signed ROIs are valid for one year unless otherwise specified. Minors may request a shorter expiration period at the time of signing.
- Without a signed ROI, records may not be disclosed unless:
 - There is imminent risk to health/safety, or
 - Disclosure is mandated by law
- Minors under 16 generally require parental consent for treatment, allowing parents access unless another exception applies.
- Parents are not considered personal representatives when:
 - o The minor legally consents to treatment
 - o Disclosure could endanger the minor (e.g., abuse, neglect, domestic violence)
- Providers may withhold information from parents or guardians when, in their professional judgment, disclosing the information would seriously jeopardize the minor's health or well-being.



This applies even if the parent would normally have access to the records and must be documented in the clinical file.

• Court-appointed guardians may access PHI and provide consent as authorized.

Contact Information

Lifespan Mental Health PLLC 305 Cedar Street, Suite 102, Monticello, MN 55362

Phone: 763-200-1160

Email: info@lifespanmh.com

Acknowledgment

By continuing with care, you acknowledge you have reviewed this Privacy Practices Notice. You may request a copy at any time.

Patient Name (Please Print):	Date:	
Signature of patient/parent/guardian:		
Relationship to patient (if applicable):		