ReNewly Notice of Privacy Practices

** indicates a required field*

ReNewly Counseling PLLC

1660 121st Ave. NW

Coon Rapids, MN 55448

(612) 254 - 0811

This notice went into effect on April 1, 2026

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

ReNewly Counseling PLLC is committed to protecting the privacy and confidentiality of your health information. Mental health information is personal and sensitive, and we take our responsibility to safeguard it seriously.

This Notice describes how ReNewly Counseling PLLC and its workforce — including clinicians, supervised trainees, administrative staff, and any future affiliated providers — may use and disclose your Protected Health Information (PHI), as well as your rights regarding that information under federal law (HIPAA) and applicable Minnesota law.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected Health Information (PHI) is information that identifies you and relates to:

- Your physical or mental health condition
- The care or services you receive
- Communications between you and your provider
- Payment for services

Your clinical record may include assessments, diagnoses, treatment plans, progress notes, correspondence, billing records, and other documentation related to your care. ReNewly Counseling PLLC maintains records using a secure electronic health record system.

HOW YOUR INFORMATION MAY BE USED OR DISCLOSED

Under federal law, we may use or disclose your PHI without additional written authorization for the following purposes:

1. Treatment

We may use your information to provide, coordinate, and manage your care. This may include consultation with other professionals involved in your treatment, when appropriate.

2. Payment

We may use or disclose your information to obtain payment for services, including billing you or your insurance provider.

If you pay out-of-pocket in full for a specific service, you may request that we not disclose information about that service to your insurance company. We will honor that request unless disclosure is legally required.

3. Health Care Operations

We may use your information for practice operations, including:

- Clinical supervision and consultation
- Training of supervised clinicians
- Quality improvement activities
- Licensing and regulatory compliance
- Administrative and billing processes

Anyone involved in these activities is required to maintain confidentiality.

OTHER LEGAL DISCLOSURES

We may disclose your information without your authorization when required or permitted by law, including:

- Reporting suspected child abuse or neglect
- Reporting abuse or neglect of vulnerable adults
- Preventing or reducing a serious and imminent threat to health or safety
- Responding to court orders, subpoenas, or other lawful processes
- Certain government oversight or investigations
- Workers' compensation claims

We will limit disclosures to the minimum necessary information required.

TELEHEALTH AND ELECTRONIC COMMUNICATION

ReNewly Counseling PLLC provides telehealth services and utilizes secure electronic systems for documentation, scheduling, and communication.

While we use reasonable safeguards to protect your privacy, electronic communication (including email and client portals) carries some inherent risk. You may request alternative communication methods at any time.

PSYCHOTHERAPY NOTES

Psychotherapy notes are kept separately from the rest of your clinical record and receive special protection under federal law. They will not be released without your specific written authorization except in limited circumstances required by law.

RECORDING OF SESSIONS AND CONFIDENTIALITY

To protect the privacy, confidentiality, and therapeutic integrity of services, audio or video recording of sessions is not permitted without prior written consent from ReNewly Counseling PLLC.

This policy applies to:

- In-person sessions
- Telehealth sessions
- Phone sessions
- Any portion of a clinical interaction

Recording sessions without consent may compromise confidentiality and may undermine therapeutic safety. If a session is recorded without permission, this may be considered a breach of the therapeutic agreement and may result in termination of services.

If you believe recording a session would be helpful for a specific purpose, this must be discussed in advance and approved in writing by your provider.

MINORS AND PARENT ACCESS (MINNESOTA LAW)

In Minnesota, individuals under age 18 are generally considered minors. In most cases, parents or legal guardians have access to their child's health information.

However, Minnesota law allows certain minors to consent to treatment independently in specific situations, including:

- Living separately and managing their own financial affairs
- Being married
- Being a parent
- Pregnancy-related services

- Sexually transmitted infection treatment
- Substance use assessment or treatment
- Certain emergency situations

When a minor legally consents to treatment, parents may not automatically have access to those records.

Additionally, if releasing information to a parent or guardian could place a minor at risk of harm, access may be limited as permitted by law.

YOUR RIGHTS REGARDING YOUR INFORMATION

You have the right to:

Access and Copies

Request to inspect or obtain a copy of your record (with limited exceptions). Reasonable fees may apply.

Request Amendments

Request correction of information you believe is inaccurate or incomplete. If your request is denied, you will receive a written explanation.

Request Restrictions

Ask us to limit certain uses or disclosures of your information. We are not required to agree to all requested restrictions, but we will consider them carefully.

Confidential Communications

Request that we contact you in a specific manner (e.g., at a certain phone number or mailing address). We will accommodate reasonable requests.

Accounting of Disclosures

Request a list of certain disclosures made in the past six years, excluding those related to treatment, payment, or operations.

File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with:

ReNewly Counseling PLLC 1660 121st Ave. NW

Coon Rapids, MN 55448

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You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. ReNewly Counseling PLLC will not retaliate against you for filing a complaint.

OUR RESPONSIBILITIES

ReNewly Counseling PLLC is required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice
- Notify you if a breach of unsecured PHI occurs
- Follow the terms of this Notice

We reserve the right to revise this Notice as laws or practice policies change. Updated versions will be available upon request and on our website.

CONSENT FOR TREATMENT

By signing intake documentation, you acknowledge that:

- You are voluntarily seeking mental health services.
- You understand the nature and purpose of therapy.
- No specific outcomes can be guaranteed.
- You understand how your information may be used and disclosed as described in this Notice.

You may revoke certain authorizations at any time in writing, except to the extent that action has already been taken.

* Client

_____

I consent to sharing information provided here.

Client

_____

I consent to sharing information provided here.

Parent/Guardian

_____

I consent to sharing information provided here.