



409 B Ave; Kalona, IA 52247  
Mailing: PO Box 308; Riverside, IA 52327  
info@iowafamilycounseling.com  
P: 641-777-2774 F: 319-333-6098

## 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.*

We understand the importance of privacy and are committed to maintaining the confidentiality of your individually identifiable health information, referred to as “protected health information” or “PHI”. We make a record of the services and care we provide to you, and may receive PHI about you from others. We use these records to provide or enable other providers to, provide quality mental health services, to obtain payment for the services, and enable us to meet our professional and legal obligations to run this private practice appropriately.

We are required by federal and state law to maintain the privacy of your PHI, to provide our clients/guardians with notice of our legal duties and privacy practices with respect to protected PHI, and to notify affected individuals of any breach of unsecured protected health information. This notice describes how we may use and disclose your PHI, and describes your rights and our legal obligations with respect to your PHI.

### Your Rights:

When it comes to your protected health information (PHI), you have certain rights.

1. Get an electronic or paper copy of your medical record
  - a. You can ask to see or get a copy of your medical record and other health information we have about you with limited exceptions, with written request. We will provide a copy or summary of your PHI, usually within 30 days of your request. We may charge a reasonable, cost-based fee for preparation, supplies and postage.
2. Ask us to correct your medical record
  - a. You can ask us to correct health information about you that you think is incorrect or incomplete in writing, with explanation.
  - b. We may say “no” to your request, but will tell you why in writing within 30 days.
3. Request confidential communications and special privacy protections
  - a. You can ask us to contact you in a specific way; for example, home or office phone, or send mail to a different address, and will accommodate all reasonable requests
4. Request special privacy protections
  - a. You can request restrictions on certain uses and disclosures of your PHI with a written request specifying what information to limit and what limitations you want to impose. We reserve the right to say no to your request, but will tell you why in writing within 30 days.
  - b. If you pay for a service 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, unless a law requires us to share that information.
5. Get an accounting of those we’ve shared your PHI with
  - a. You can ask for a list of the times we’ve shared your PHI for six years prior to the date you ask, who we shared it with, and why.
  - b. We will include all disclosures except for those about treatment, payment, health care operations and other certain disclosures (such as those you asked us to make). We will provide one accounting free per year, but will provide a reasonable, cost based fee for another within 12 months.
6. Get a copy of this privacy notice
  - a. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.



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- b. If you would like a more detailed explanation of these rights or would like to exercise one or more of these rights, please contact our Privacy Officer:  
*Elisa Lyons; Owner & Director*  
[elisa@iowafamilycounseling.com](mailto:elisa@iowafamilycounseling.com)  
641-777-2774 Ext. 10
7. Choose someone to act for you
  - a. If you have given someone medical power or attorney or if someone is your legal guardian, that person can exercise your rights and make decisions about your health information.
  - b. We try to make sure the person has the authority and can act for you, before we take any action.
8. File a complaint
  - a. If you feel your rights have been violated, you can contact us using the information on page 1. We will not retaliate against you for filing a complaint.
  - b. You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Ave SW, Washington, D.C. 20201; calling 877-696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

#### **Your Choices:**

For certain health information, you can tell us about what we share, and will follow your instructions.

1. Share information with your family, close friends or others involved in your care
2. Share information in a disaster relief situation
3. Include your information in a hospital directory
4. Contact you for fundraising efforts
  - a. We may contact you for fundraising efforts, but you can tell us to not contact you again.

*In the event that you are unable to tell us your preference (i.e. unconscious), 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 or imminent threat to health or safety.*

In these cases, we *never* share your information unless you give us written permission.

1. Marketing purposes
2. Sale of your information
3. Most sharing of psychotherapy notes

#### **Other Uses and Disclosures:**

We typically use or share your information in the following ways.

1. For your treatment
  - a. We can use your PHI and share it with other professionals, either employed at this practice, or other facilities or hospitals that provide mental health treatment to you, without the need for further authorization from you. Examples include your psychiatrist or other mental health professionals. We will ask you to sign a written release of information before we provide information about you to any non-mental health specialist or primary care provider (medical doctor).
  - b. We *may not* share psychotherapy notes, which are notes about our conversations in therapy sessions, which we keep separate from the rest of your medical record, unless you have signed a disclosure to release that information.
2. To run our practice



- a. We can use and share your PHI to run our practice and improve your quality of care. We may also use and disclose this information necessary for medical reviews, healthcare clearinghouses, insurance reviews, compliance, legal services and audits, including fraud detections, compliance programs and business planning and management.
  - b. We can use and disclose medical information to contact you and remind you about appointments. We may leave this information on your voicemail, or as a message with the person answering the phone, unless you otherwise restrict it. Text message reminders are vague and do not contain PHI; you are able to opt out of those reminders at any time. We may also call out your first name in the waiting room when we are ready to see you.
  - c. We may also share your medical information with our “business associates”, such as our billing service, administrative services (email, teletherapy, etc). We have a written contract and agreement with each of these associates to protect your confidentiality and security of your PHI.
3. To Bill for your services
- a. We can use and share your PHI to bill and receive payment from health plans or other entities. For example, we may contact your health insurer to verify that you are eligible for benefits (and for what range of benefits), and provide the information if required; such as a mental health diagnosis, before they will approve services to be covered under your insurance plan. We may also disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

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 about this, visit:  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

1. Help with public health and safety issues
  - a. We can share information about you in situations such as: preventing or controlling disease, helping with product recalls, maintaining vital records (birth and death), reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence and preventing or reducing a serious threat to anyone’s health or safety.
2. Do research
  - a. We can use or share your information for health research as approved by an International Review Board or privacy board; in compliance with governing law.
3. Comply with the law
  - a. We can share information about you if state or federal laws require it, including the Department of Health and Human Services (HHS) if it wants to see that we’re complying with federal privacy laws.
4. Respond to organ and tissue donation requests
  - a. We can share information about your with organ procurement organizations.
5. Work with a medical examiner or funeral director
  - a. We can share PHI with a coroner, medical examiner or funeral director when an individual dies.
6. Address workers’ compensation, law enforcement and other government requests
  - a. We can use or share PHI: for workers’ compensation claims, with law enforcement, correctional institutions or with law enforcement officials, with health oversight agencies for activities authorized by law, for special government functions such as military, national security and presidential protective services.
7. Respond to lawsuits and legal actions



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- a. We can share health information about you in response to a court of administrative order, or in response to a subpoena.

#### **Our Responsibilities:**

We are required by law to maintain the privacy and security of your protected health information (PHI). We must follow the duties and privacy practices described in this notice, and provide you a copy. We will promptly inform you if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than as described here unless you tell us we can in writing, in the form of a release of information. If you tell us we can, you may change your mind at any time; providing your request in writing. For more information, visit [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### **Changes to the Terms of This Notice:**

We reserve the right to 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.