



## Notice of Privacy Practices

If you have any questions about this Notice, please contact Sound Mind Therapy PLLC at 319-481-2230.

**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 care we provide to you and may receive protected health information about you from others. We use these records to provide or enable other health care providers to provide quality health care, to obtain payment for services provided to you and to enable us to meet our professional and legal obligations to operate this practice properly. We are required by applicable federal and state law to maintain the privacy of your protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your protected health care information. It also describes your rights and our legal obligations with respect to your medical information.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to revise or amend our Notice of Privacy Practices without additional notice to you. Any revision or amendment will be effective for all protected health information that we maintain about you, including protected health information we created or received before we made the revision or amendment. We will post a copy of our current Notice and any amended Notice at our office and on our website in a prominent place.

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**A. Our Obligations to You:**

We are required by law to:

- Make sure that your protected health information is kept private except as otherwise provided by federal and state law.
- Give you this notice of our legal duties and privacy practices with respect to protected health information about you,
- Follow the terms of the Notice of Privacy Practices that is currently in effect.
- Inform you of any unauthorized access, use or disclosure of your unencrypted protected health information in the event its security or privacy is compromised (i.e., in the event that a reportable breach occurs as provided by the federal HIPAA Final Omnibus Rule). We will provide such notice to you without unreasonable delay but in no case later than sixty days after we discover the breach.

**B. How We May Use or Disclose Your Health Information**

We follow the federal HIPAA privacy and security rules and Iowa law concerning mental health information. Where Iowa law is more protective of your rights than HIPAA, we will follow Iowa law. This means that for the disclosure of your confidential mental health information, we will ask you to sign an authorization that is consistent with both HIPAA and Iowa law.

We collect health information about you, including confidential mental health information, and store it on a computer as electronic health records. This is your medical record. The medical record is the property of this practice, but the information in the medical record belongs to you.

The law permits us to use or disclose your protected health information for the following purposes:

1. **Treatment.** We may share your confidential mental health information with other mental health professionals either employed by this practice or other facilities or hospitals that provide mental health treatment to you without the need to obtain further authorization from you. For example, we may share your mental health information with other counselors at Sound Mind Therapy PLLC who provide services to you. We may also share your confidential mental health information with your psychiatrist or other mental health professionals outside this practice who will provide mental health services to you. **As explained below, we may not however share psychotherapy notes, which are notes made about our conversations during a counseling session, which we have kept separated from the rest of your medical record, unless you have signed an authorization specifically authorizing their disclosure.**

With respect to sharing your protected health information with other health care providers, such as your family practice physician or a non-mental health specialist, we will ask you to sign an authorization for the release of confidential mental health information.



2. **Payment.** We use and disclose protected health information about you to obtain payment for the services we provide. For example, we give your insurance company the information it requires before it will pay us. Example, your health insurance provider may require diagnosis before it will approve services to be covered under your insurance plan. We will ask you to sign an authorization for the release of confidential mental health information before we disclose this information to your insurance provider for either payment purposes or to obtain pre-approval. We will also ask you to sign an authorization for the release of confidential mental health information before we provide mental health information about you to your health plan.
3. **Health Care Operations.** We may use and disclose protected health information about you to operate this practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.
4. **Appointment Reminders.** We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone unless you otherwise restrict it. Text message reminders are general and do not contain private information, you may opt out of text message reminders at any time.
5. **Waiting Room.** We may call out your first name when we are ready to see you.
6. **Notification and Communication with Family.** If you suffer from a chronic mental illness, we may disclose a summary of diagnosis and prognosis, a list of medications, a record of compliance for the previous six months, and treatment plan, to your spouse, parent, adult child or adult sibling if the disclosure is necessary to assist in the provision of care or monitoring of the individual's treatment, and the family member is directly involved in providing care or monitoring. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures. If you do not suffer from a chronic mental illness, we will disclose such information to family members only with an authorization.



7. **Notification in Emergency Situations.** We may transfer your confidential mental health information without an authorization at any time in cases of medical emergency to another facility, physician or mental health professional. We may not notify your family members in case of emergency unless you have previously signed an authorization permitting us to do so.
8. **Marketing.** Provided we do not receive any payment for making these communications, we may provide you with information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may also encourage you to join programs that may benefit your mental health. We will not use or disclose your protected health information for marketing purposes or accept any payment for other marketing communications.
9. **Required by Law.** As required by law, we may use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. For example, as discussed further below, when the law requires us to report abuse or neglect or domestic violence, or respond to court orders judicial or administrative proceedings, or to law enforcement officials, we will do so.
10. **Judicial and Administrative Proceedings.** We may, and are sometimes required by law, to disclose your protected health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order.
11. **Child and Dependent Adult Abuse.** If we reasonably believe a child, who we are treating or a dependent adult, has been abused, we must report this to the appropriate authorities as required by law.
12. **Health Oversight Activities.** If we receive a subpoena from the Iowa Board of Psychology Examiners for protected health information regarding you and your care and treatment, we must comply with that subpoena and disclose that information to the Board.
13. **Law Enforcement.** We may, and are sometimes required by law, to disclose your protected health information to a law enforcement official. We are permitted to provide confidential mental health information as necessary to prevent or lessen a serious and imminent threat to your health or safety, the health and safety of another person or the public consistent with applicable law and our counselors' standards of ethical conduct.
14. **Public Safety.** We may, and are sometimes required by law, to disclose your protected health information to appropriate persons in order to prevent or lessen a serious and imminent threat to your health or safety or the health or safety of another person, or the general public consistent with applicable law and our counselors' standard of ethical conduct.
15. **Workers' Compensation.** We may disclose your protected health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition in compliance with worker's compensation laws.



16. **Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization.** Other uses and disclosures of your confidential mental health information will be made only with your written authorization, unless otherwise permitted or required by law as described in this Notice.

You may revoke this authorization at any time, in writing, except to the extent that we have taken action in reliance on the use or disclosure indicated in the authorization.

17. **Breach Notification.** In the case of a breach of unsecured protected health information, we will notify you in writing as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification..

18. **Psychotherapy Notes.** We will not use or disclose your psychotherapy notes without your prior written authorization except for use by the originator of the notes for your treatment. In order to disclose psychotherapy notes, you will be required to sign an authorization specifically directing their disclosure.

19. **Research.** We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

### **C. Your Health Information Rights**

1. **Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your protected health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your insurer or health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

2. **Right to Request Confidential Communications.** You have the right to request that you receive your protected health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

3. **Right to Inspect and Copy.** You have the right to inspect and copy your protected health information, with limited exceptions. To access your protected health information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will



also send a copy to any other person you designate in writing. We will charge a reasonable cost based fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision.

4. **Right to Request Amendment or Supplement.** You have a right to request that we amend your protected health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your protected health information, and will provide you with information about this mental healthcare practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information. We will respond to your request in writing within 60 days.

5. **Right to Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

6. **Right to an Accounting of Disclosures.** You have a right to receive an accounting of disclosures of your protected health information made by this mental healthcare practice, except that this mental healthcare practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations). We will provide one accounting a year for free but will charge a reasonable, cost based fee if you ask for another one within twelve months.

7. **Right to a Paper or Electronic Copy of this Notice.** You have a right to notice of our legal duties and privacy practices with respect to your protected health information, including a right to a paper copy of this *Notice of Privacy Practices*, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this *Notice of Privacy Practices*.



Sound Mind Therapy, PLLC  
955 31<sup>st</sup> Street, Suite B, Marion, IA 52302  
Phone: (319) 481-2230

**D. Complaints.**

If you believe your privacy rights have been violated, you may file a complaint with Sound Mind Therapy PLLC's Privacy Officer in writing at 955 31<sup>st</sup> St., Suite B, Marion, IA 52302 or with the Secretary of the Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.