



Iowa HIPAA & Substance Use Compliance Packet

Provider: Dennis LaGrange, LISW, CADC

Effective Date: _____

Last Reviewed/Revised: _____

SECTION I: HIPAA, IOWA CONFIDENTIALITY & SUBSTANCE USE POLICY AND PROCEDURE

Purpose

This policy ensures compliance with the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records), and applicable Iowa confidentiality laws governing mental health and substance use services. It establishes standards for the use, disclosure, protection, retention, and destruction of Protected Health Information (PHI) and substance use disorder records.

Scope

This policy applies to all services provided by Dennis LaGrange, LISW, CADC/Kingston Therapy Services, including behavioral health treatment, substance use counseling, assessments, case management, billing, telehealth services, and all forms of communication and recordkeeping (paper, electronic, and verbal).

Policy Statement

Client information is confidential and protected by federal and Iowa law. PHI may be used or disclosed only as permitted for treatment, payment, healthcare operations, or as otherwise required or allowed by law. Substance use disorder records receive enhanced confidentiality protections under 42 CFR Part 2.

Client Rights

Clients have the right to access, amend, and receive an accounting of disclosures of their records; request restrictions and confidential communications; receive a Notice of Privacy Practices; and file complaints without retaliation.

Use and Disclosure of Information

PHI may be used or disclosed without authorization for treatment, payment, healthcare operations, and legal obligations (e.g., mandatory reporting, court orders). Substance use disorder records generally require a specific written authorization compliant with 42 CFR Part 2 prior to disclosure, except in limited circumstances permitted by law (e.g., medical emergencies).



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Telehealth and Electronic Communication Policy

This practice may provide services via telehealth using HIPAA-compliant platforms when clinically appropriate. With client consent, limited communication via email and/or text messaging may be used for scheduling, reminders, care coordination, and administrative purposes.

Electronic communication is not appropriate for emergencies or urgent clinical matters. Clients are informed of potential privacy risks associated with electronic communication and may revoke consent or request alternative communication methods at any time in writing.

Safeguards

Administrative, physical, and technical safeguards are implemented to protect PHI and substance use disorder records, including staff training, secure storage, controlled access, password-protected systems, and encryption where applicable.

Record Retention

Records are retained in accordance with Iowa law and professional standards, generally for a minimum of seven (7) years following case closure and are securely destroyed when no longer required.

Breach Notification

Suspected or confirmed breaches of unsecured PHI or substance use disorder records will be investigated promptly, mitigated, and reported in accordance with HIPAA, 42 CFR Part 2, and applicable Iowa requirements.

SECTION II: NOTICE OF PRIVACY PRACTICES (NPP)

This Notice Describes How Information About You May Be Used and Disclosed and How You Can Access It

Our Duties

We are required by law to maintain the privacy of your health information, provide you with this Notice, follow its terms, and notify you of breaches that may compromise your information.

Uses and Disclosures



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We may use and disclose your information for treatment, payment, and healthcare operations. Substance use disorder records are protected by federal law and generally require your written authorization prior to disclosure.

Telehealth and Electronic Communication

Services may be provided via telehealth, and communication may occur via email or text with your consent. While safeguards are used, electronic communication may involve privacy risks. These methods are not for emergencies.

Your Rights

You have the right to inspect and obtain copies of your records, request amendments, request restrictions, request confidential communications, receive an accounting of disclosures, and obtain a paper copy of this Notice at any time.

Complaints

You may file a complaint with this practice or the U.S. Department of Health and Human Services Office for Civil Rights without fear of retaliation.

Acknowledgment of Receipt

Client Name: _____

Signature: _____

Date: _____



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SECTION III: 42 CFR PART 2 AUTHORIZATION FOR RELEASE OF SUBSTANCE USE DISORDER INFORMATION

Client Name: _____

Date of Birth: _____

Authorization

I authorize the following provider to disclose my substance use disorder treatment information:

Disclosing Provider: _____

To the following individual or organization:

Recipient: _____

Information to Be Disclosed (Initial all that apply)

- Assessment/Evaluation
- Diagnosis
- Treatment Plans
- Progress Notes
- Attendance Information
- Billing/Insurance
- Other: _____

Purpose of Disclosure

- Treatment
- Payment
- Coordination of Care
- Legal
- Other: _____

Expiration



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This authorization expires on: _____
(or upon the following event): _____

Electronic Communication Consent (Optional)

- I consent to services via secure telehealth platforms
- I consent to limited communication via email
- I consent to limited communication via text messaging
- I do not consent to electronic communication

Client Rights

I understand I may revoke this authorization at any time in writing, that my treatment is not conditioned on signing this authorization, and that information disclosed may not be re-disclosed without my written consent except as permitted by law.

Federal Confidentiality Statement

This information has been disclosed from records protected by federal confidentiality rules (42 CFR Part 2). Further disclosure is prohibited unless expressly permitted by written consent or applicable law.

Client Signature: _____

Date: _____

Provider/Witness Signature: _____

Date: _____