

THIS NOTICE DESCRIBES HOW MEDICAL AND PSYCHOLOGICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

HIPAA-IOWA PRIVACY NOTICE FORM: NOTICE OF PSYCHOLOGIST'S POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

Uses and Disclosures for Treatment, Payment and Health Care Operations:

We may use or disclose your Protected Health Information (PHI) for treatment, payment, and health care operations purposes with your written consent. To help clarify these terms, here are some definitions:

HIPAA refers to the Health Insurance and Portability Accountability Act

PHI refers to information in your health record that could identify you.

Treatment, Payment and Health Care Operations- Treatment is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider such as your family physician or another psychologist. Payment is when we obtain reimbursement for your health care. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. Health Care Operations are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

Use applies only to activities within our partnership, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.

Disclosure applies to activities outside of our partnership, such as releasing, transferring, or providing access to information about you to other parties.

Authorization is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legal required form.

Breach has the meaning of that term as defined in 45 CFR 164.402 and applicable regulations under that section. It includes the unauthorized acquisition, access, use or disclosure of unsecured PHI that compromises the security or privacy of such information.

Iowa Notice Form Continued:

Unsecured PHI has the meaning of that term as defined in 45 CFT 164.402. It includes PHI that is not secured through the use of technology or methodology, such as encryption, specified by the Secretary of the U.S. Department of Health and Human Services under that section.

Other Uses and Disclosures Requiring Authorization:

We may release PHI to a third-party payor or peer review organization with the prior written authorization of you or your legal representative.

You have the right to restrict certain disclosures of PHI to a health plan if you agree to pay out-of-pocket in full for healthcare services.

We may use or disclose PHI for purposes outside of treatment, payment, health care operations or for any other purpose that is not described in this Notice when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information.

You may revoke all such consents and authorizations at any time, provided that each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures without Authorization

We may disclose PHI without your consent or authorization in the following circumstances:

Child Abuse – If we reasonably believe a child, whom one of us is treating, has been abused, we must report this belief to the appropriate authorities as required by law.

Dependent Adult Abuse – If either of us suspects that a dependent adult has been abused, we must report this suspicion to the appropriate authorities as required by law.

Health Oversight Activities – If we receive a subpoena from the Iowa Board of Psychology Examiners for protected health information regarding you, we must comply with the subpoena and disclose that information to the Board.

Judicial and Administrative Proceedings – If you are involved in court proceedings and a request is made about the professional services that one of us provided to you, or the records thereof, such information is privileged under state law, and we will not release information without your written consent or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case. If you or your legal representative files a complaint or lawsuit against either psychologist or our partnership, we may disclose relevant PHI regarding you in order to defend ourselves.

Iowa Notice Form Continued:

Serious Threat to Health or Safety – If we believe that you present a clear, imminent risk to another , we may disclose information necessary to seek hospitalization for you or to otherwise protect that individual. If we believe there is a clear and imminent risk that you will harm yourself, we may disclose information necessary to seek hospitalization for you or to alert family members or others who have the ability to protect you.

Workers Compensation – We may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Office Staff- We need to share some PHI with our office manager for both clinical and administrative purposes, such as scheduling, billing and quality assurance. Our office manager has been given training about protecting your privacy and has agreed not to release any PHI outside of the practice without our permission.

Business Associates- If we need to contract with another business such as a billing service or accountant, then we are required by HIPAA to have a formal Business Associate Contract with the Business Associate, which in turn must comply with HIPAA and its Final Rule regarding protection of PHI.

Other Disclosures- Disclosure of PHI without your consent or authorization is allowed under certain sections of Section 164.512 of the HIPAA Privacy Rule and Iowa’s confidentiality law. This includes disclosures to law enforcement agencies, to a health oversight agency (such as Health and Human Services or the Iowa Department of Public Health), to a coroner or medical examiner, to a public health authority, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

Patient’s Rights and Psychologist’s Duties

Patient’s Rights:

Right to Restrict Disclosures When You have Paid for Your Care Out-of-Pocket- You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.

Right to Be Notified if There Is a Breach of Your Unsecured PHI- You have a right to be notified if: (a) there is a breach involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your phi has been compromised.

Iowa Notice Form Continued:

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means or at alternative locations. (For example, you may not want a family member to know that you are seeing one of us. On your request, your bills can be sent to another address.)

Right to Inspect and Copy – You have the right to inspect and/or obtain a copy of PHI in the mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we can discuss the details of the request and denial process

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.

Right to an Accounting – You generally have a right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process.

Right to a Paper Copy – You have the right to obtain a paper copy of this notice from us upon request.

Psychologist's Duties:

We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

We reserve the right to change the privacy policies described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If we revise our policies and procedures, we will notify all current patients by mail or in person, along with providing them written notice.

Complaints

If you are concerned that one of us has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact Dr. Susan Enzle, our privacy officer. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

(HIPAA-Iowa Privacy Notice for Aubey & Enzle L.L.P, 4403 First Avenue SE, Suite 512, Cedar Rapids, IA 52402. Revised: August 2013)