

Adoption & Attachment Treatment Center of Iowa

A subsidiary of Best Growth Options Counseling Service, Inc.

800 Webster Street Iowa City, Iowa 52240

Ph: (319) 338-2722 Fax: (319) 338-7758

Notice of Privacy Practices

This notice describes how Mental Health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this Privacy Notice, contact Denise L. Best, the Clinic Director, at (319) 338-2722 or denisebest@mchsi.com

I. Introduction:

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out services/treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights. This Notice further states the obligations we have to protect your health information.

“Protected health information” means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans, your employer or a health care clearinghouse. It may include information about your past, present or future physical or mental health or condition, the provision of your health care, and payment for your health care services.

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current Notice of Privacy Practices and we pledge to do our best to treat your PHI with the confidentiality and respect we have always accorded such information.

II. How We Will Use and Disclose Your Health Information:

We will use and disclose your health information as described in each category listed below. For each category, we will explain what we mean in general, but not describe all specific uses or disclosures of health information.

A. Uses and Disclosures for Treatment, Payment, and Operations

- 1. For Treatment.** We will use and disclose your health information without your authorization to provide your health care and any

related services. We will also use and disclose your health information to coordinate and manage your health care and related services. For example, we may need to disclose information to a case manager who is responsible for coordinating your services.

We may also disclose your health information among our clinicians and other staff (including clinicians other than your therapist or principal clinician), who are employed by Best Growth Options Counseling Service, Inc. For example, our staff may discuss your case in a meeting.

In addition, we may disclose your health information without your authorization to another health care provider (e.g. your primary care physician or a laboratory) working outside of Best Growth Options Counseling Service, Inc. for purposes of your services and treatment.

2. **For Payment.** We may use or disclose your health information without your authorization so that the treatment and services you receive are billed to, and payment is collected from, Medicaid or other third party payer. For example, we may disclose your health information to permit your Medicaid to take certain actions before Medicaid approves or pays for your services.

These actions may include:

- a. making a determination of eligibility or coverage for health insurance;
- b. reviewing your services to determine if they were medically necessary;
- c. reviewing your services to determine if they were appropriately authorized or certified in advance of your care; or
- d. reviewing your services for purposes of utilization review, to ensure the appropriateness of your care, or to justify the charges for your care.

We may also disclose your health information to another health care provider so that provider can bill you for services they provided to you, for example an ambulance service that transported you to the hospital.

3. **For Health Care Operations.** We may use and disclose health information about you without your authorization for our health care operations. These uses and disclosures are necessary to run our organization and make sure that the people we serve receive quality care. These activities may include, by way of example, quality assessment and improvement, reviewing the performance or qualifications of our staff, training students in service

provision, licensing, accreditation, business planning and development, and general administrative activities. We may combine health information of many of the people we serve to decide what additional services we should offer, what services are no longer needed, and whether certain services/treatments are effective.

We may also provide your health information to your healthcare provider to assist them in performing certain of their own health care operations. For example, we may provide information about you to assist them in their quality assurance activities.

B. Uses and Disclosures That May be Made Without Your Authorization, But For Which You Will Have an Opportunity to Object.

1. **Persons Involved in Your Care.** We may provide health information about you or your child to someone who helps pay for the care. We may use or disclose your health information to notify or assist in notifying a family member or any other person that may be involved in your care, or the care of your child, of your location, general condition, or death. We may also use or disclose your health information to an entity assisting in disaster relief efforts and to coordinate uses and disclosures for this purpose to family or other individuals involved in your health care.

In limited circumstances, we may disclose protected health information about you to a friend or family member who is involved in the care of you or your child. If you are physically present and have the capacity to make health care decisions, your health information may only be disclosed with your agreement to persons you designate to be involved in your care.

But, if you are in an emergency situation, we may disclose your health information to a spouse, a family member, or a friend so that such person may assist in the care of you or your child. In this case we will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care.

2. **Unable to make health care decisions.** We will disclose your health information to:
 - a. a person designated to participate in your care in accordance with an advance directive validly executed under state law,

- b. your guardian or other fiduciary if one has been appointed by a court, or
- c. if applicable, the state agency responsible for consenting to your care.

C. **Uses and Disclosures That May be Made Without Your Authorization or Opportunity to Object.**

1. **Emergencies.** We may use and disclose your health information in an emergency treatment situation. By way of example, we may provide your health information to a paramedic who is transporting you or your child in an ambulance. If a clinician is required by law to treat you and your treating clinician has attempted to obtain your authorization but is unable to do so, the treating clinician may nevertheless use or disclose your health information to treat you.
2. **As Required By Law.** We will disclose health information about you when required to do so by federal, state, or local law.
3. **Disclosures in Legal Proceedings.** We may disclose health information about you or your child to a court or administrative agency when a judge or administrative agency orders us to do so. We also may disclose health information about you in legal proceedings without your permission or without a judge or administrative agency's order when we receive a subpoena for your health information.
4. **Law Enforcement Activities.** We may disclose health information to a law enforcement official for law enforcement purposes when:
 - a. a court order, subpoena, warrant, summons or similar process requires us to do so; or
 - b. the information is needed to identify or locate a suspect, fugitive, material witness or missing person; or
 - c. we report a death that we believe may be the result of criminal conduct; or
 - d. we report criminal conduct occurring on our premises; or
 - e. we determine that the law enforcement purposes to respond to a threat of an imminently dangerous activity by you against yourself or another person; or
 - f. the disclosure is otherwise required by law.

We may also disclose health information about a person served who is a victim of a crime, without a court order or without being required to do so by law. However, we will do so only if the disclosure has been requested by a law enforcement official and the victim agrees to the disclosure or, in the case of the victim's incapacity, the following occurs:

- a. the law enforcement official represents to us that (i) the victim is not the subject of the investigation and (ii) an immediate law enforcement activity to meet a serious danger to the victim or others depends upon the disclosure; and
 - b. we determine that the disclosure is in the victim's best interest.
5. **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, we will only disclose health information to someone who is able to help prevent or lessen the threat.
6. **Organ and Tissue Donation.** If you are an organ donor, we may release your health information to an organ procurement organization or to an entity that conducts organ, eye or tissue transplantation, or serves as an organ donation bank, as necessary to facilitate organ, eye or tissue donation and transplantation.
7. **Public Health Activities.** We may disclose health information about you as necessary for public health activities including, by way of example, disclosures to:
 - a. report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
 - b. report vital events such as birth or death;
 - c. conduct public health surveillance or investigations;
 - d. report child abuse or neglect;
 - e. report certain events to the Food and Drug Administration (FDA) or to a person subject to the jurisdiction of the FDA including information about defective products or problems with medications;
 - f. notify consumers about FDA-initiated product recalls;
 - g. notify a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease or condition;
 - h. notify the appropriate government agency if we believe you have been a victim of abuse, neglect, or domestic violence. We will only notify an agency if we obtain your agreement or if we are required or authorized by law to report such abuse, neglect, or domestic violence.
8. **Health Oversight Activities.** We may disclose health information about you or your child to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid,

other government programs regulating health care, and civil rights laws.

9. **Medical Examiners or Funeral Directors.** We may provide health information about the people we serve to a medical examiner. Medical examiners are appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances. We may also disclose health information about the people we serve to funeral directors as necessary to carry out their duties.
10. **National Security and Protective Services for the President and Others.** We may disclose medical information about you or your child to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We may also disclose health information about you or your child to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or so they may conduct special investigations.
11. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.
12. **Workers Compensation.** We may disclose health information about you or your child to comply with the state's Workers Compensation Law.

III. Uses and Disclosures of Your Health Information with Your Permission.

Uses and disclosures not described in Section II of this Notice of Privacy Practices will generally only be made with your written permission, called an "authorization." You have the right to revoke an authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your health information under that authorization, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

IV. Your Rights Regarding Your Health Information.

A. Right to Inspect and Copy.

You have the right to request an opportunity to inspect or copy health information used to make decisions about your care-whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records, but not psychotherapy notes.

You must submit your request in writing to the Clinic Director/Executive Director, Denise L. Best at 800 Webster Street, Iowa City, IA 52240. If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request.

We may deny your request to inspect or copy your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by the Executive Director when she was not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request may be reviewed. Once the review is completed, we will honor the decision made by the reviewer.

B. Right to Amend.

For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care—whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records, but not psychotherapy notes.

To request an amendment, you must submit a written document to the Clinic Director at 800 Webster Street, Iowa City, IA 52240 and tell us why you believe the information is incorrect or inaccurate.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend health information that:

1. was not created by us, and the person or entity that created the health information is no longer available to make the amendment;
2. is not part of the health information we maintain to make decisions about you or your child's care;
3. is not part of the health information that you would be permitted to inspect or copy; or
4. is accurate and complete.

If we deny your request to amend, we will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the health information that is the subject of your request.

If you choose to submit a written statement of disagreement, we have the right to prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original

request and denial) to all future disclosures of the health information that is the subject of your request.

C. Right to an Accounting of Disclosures.

You have the right to request that we provide you with an accounting of disclosures we have made of your or your child's health information. An accounting is a list of disclosures. But this list will not include certain disclosures of your or your child's health information, such as those we have made for purposes of treatment, payment, and health care operations.

To request an accounting of disclosures, you must submit your request in writing to the Clinic Director at 800 Webster Street, Iowa City, IA 52240. For your convenience, you may submit your request on a form called a "Request for Accounting", which you can obtain from the Clinic Director. The request should state the time period for which you wish to receive an accounting. This time period should not be longer than 6 years. The first accounting you request within a twelve-month period will be free. For additional requests during the same 12-month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.

D. Right to Request Restrictions.

You have the right to request a restriction on the health information we use or disclose about you or your child for treatment, payment or health care operations. To request a restriction, you must request the restriction in writing addressed to the Clinic Director/Executive Director, Denise L. Best at 800 Webster Street, Iowa City, IA 52240. The Director will ask you to sign a request for restriction form, which you should complete and return to the Clinic Director/Executive Director.

We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.

E. Right to Request Confidential Communications.

You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by e-mail.

To request such a confidential communication, you must make your request in writing to the Clinic Director, Denise L. Best at 800 Webster Street, Iowa City, IA 52240. We will accommodate all reasonable requests. You do not

need to give us a reason for the request; but your request must specify how or where you wish to be contacted.

F. Right to Paper Copy of this Notice.

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice of Privacy Practices electronically, you may still obtain a paper copy. To obtain a paper copy, contact Denise L. Best at 800 Webster Street, Iowa City, IA 52240.

V. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our office at (319) 338-2722, e-mail at denisebest@mchsi.com, or Denise L. Best at 800 Webster Street, Iowa City, IA 52240. All complaints must formally be submitted in writing. If you need assistance or help in writing out your complaint, please let the Clinic Director know and we will secure all of the services you need to complete it in writing. We will not retaliate against you for filing a complaint. Your privacy is very important to us.

VI. Changes to this Notice

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future. WE will post a copy of the current Notice of Privacy Practices at our office for you to review at any time. You may also request an updated copy from any of our staff; it can be handed to you or delivered in the mail.