

# Notice of Privacy Practices

Effective: December 20, 2008

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

*PLEASE REVIEW IT CAREFULLY.*

## 1. Purpose of This Privacy Notice

This Notice of Privacy Practices describes how New Hope Personal Growth Center may use and disclose your protected health information to carry out treatment or conduct health care operations and for other purposes that are permitted or required by law or the ethics of the counseling profession. New Hope reserves the right to make changes in this Notice of Privacy Practices. The Notice describes your rights to access and control of your protected health information. "Protected Health Information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

## 2. Our Pledge Regarding Your Medical Information

We understand that medical information about you and your health is personal, and we are committed to protecting it. A record of the care and the services you receive at New Hope is created and maintained in this office. This notice applies to all of those records of your care.

Your personal health information is required to be kept confidential and private under a number of federal and state laws. For example, Iowa Code Chapter 22.7(2) addresses the confidentiality of public hospital, medical and professional counselor records; Iowa Code Chapter 228 addresses the disclosure of mental health and psychological information; the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232(g) and 34 CFR Part 99, addresses the confidentiality of student educational records; and the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. 1320(d) and 45 CFR Parts 160 and 164, addresses the confidentiality of patient health information and records.

## 3. We are required by law to:

- Make sure that medical and psychological information that identifies you is kept private.
- Provide you this notice of our legal duties and privacy practices regarding your medical and psychological information. You will have the opportunity to review and obtain a copy of this notice no later than the first time you visit New Hope. We will also ask you to acknowledge that you have been offered this opportunity.
- Provide you with, and ask you to sign, a more detailed Informed Consent form that will explain specific, and often more stringent, requirements pertaining to use and disclosure of your mental health and psychological information if you are seeking services from New Hope.
- Follow the terms of the notice that is currently in effect. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may obtain a copy of the revised version by contacting this office and requesting that a revised copy be sent to you in the mail or by asking for one at the time of your next appointment. The current notice and any revised notices are available on the New Hope Website at [www.grownnewhope.com](http://www.grownnewhope.com)

## 4. How We May Use And Disclose Medical Information About You

The following categories describe ways that we use and disclose medical and psychological information. Not every use or disclosure in each category is listed; however, all of the ways we are permitted to use and disclose information falls into one of these categories:

- For Treatment: We may use medical information about you to provide, coordinate, or manage your health care treatment or related services. We may disclose medical information about you to other physicians or health care providers who are or will be involved in taking care of you. For example, we would disclose PHI, as necessary, when you need a prescription, psychological testing or other health care services. Another example is that your PHI may be provided to another health care professional to whom you have been referred to ensure that the health care professional has the necessary information to diagnose or treat you.
- For Payment / Insurance: We are required to tell your health insurance plan about your diagnosis, dates of service and/or a treatment you are going to receive to obtain prior approval, to determine whether your plan will cover the treatment, for undertaking utilization review activities, and to bill for services. We may talk to your health insurance company to see what will be covered and to discuss coverage and payment of benefits.

## 5. General Rule: Uses and Disclosures of PHI Are Based Upon Your Written Authorization

Uses and disclosures of your PHI other than for treatment or insurance payment purposes, will be only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that New Hope has taken action in reliance on the use of disclosure indicated in the authorization.

## 6. Exception to General Rule For Uses and Disclosures To Family or Friends Involved In Your Health Care

Before we disclose your medical information to a member of your family, a relative, a close friend or any other person you identify that is involved in your health care, we will provide you with an opportunity to object to such uses or disclosures. If you

are not present, or in the event of your incapacity or an emergency treatment situation exists, we will only disclose your PHI to others involved in your health care based on our professional judgment of whether the disclosure would be in your best interest. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, of your location, general condition or death.

## **7. Exceptions to General Rule For Uses and Disclosures of Your PHI That May Be Made Without Your Consent, Authorization or Opportunity to Object.**

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

- 7.1 Required By Law:** We may use or disclose your PHI to the extent that Federal, State or Local law require the use of disclosure. The use of disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, when required by law, of any such uses or disclosure.
- 7.2 Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is in collaboration with the public health authority.
- 7.3 Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- 7.4 Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- 7.5 Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your PHI to governmental entities or agencies authorized to receive such information if we believe that you have been a victim of abuse or neglect. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- 7.6 Serious Threat to Health or Safety:** We may, consistent with applicable law and ethical standards or conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of the public.
- 7.7 Food and Drug Administration:** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations; to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
- 7.8 Specialized Government Functions:** We may disclose your PHI when it relates to specialized government functions such as military and veteran's activities, national security and intelligence activities, protective services for the President and medical suitability or determinations of the Department of State.
- 7.9 Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- 7.10 Law Enforcement:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purpose include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) suspicion that death or serious injury has occurred as a result of criminal conduct, (4) in the event that a crime occurs on the premises of New Hope, and (5) on the occurrence of a medical emergency when it is likely that a crime has occurred.
- 7.11 Workers' Compensation:** We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally established programs.
- 7.12 Disaster Relief:** We may use or disclose your PHI to an authorized public or private entity, such as the American Red Cross, to assist in disaster relief efforts and to coordinate notifications of your location with family or other individuals involved in your health care.
- 7.13 Required Uses and Disclosures:** Under the law, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the HIPAA Privacy Regulations and other Federal or State laws.
- 7.14 Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/ her duties.

## **8. Your Rights Regarding Your Protected Health Information**

Following are statements of your individual rights with respect to your PHI and a brief description of how you may exercise these rights.

- 8.1 You have the right to inspect and copy your PHI.** This means you may inspect and obtain a copy of your PHI that is contained in your file for as long as we maintain the PHI. Your file may contain applicable medical records, session notes, correspondence and any other records that your counselor/coach may use for making decisions about you and your care. We will respond to your written request to inspect and / or copy within 30 days. We will charge you a fee for the cost of copying the document involved.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances you may have a right to have a decision to deny access reviewed.

**8.2 You have the right to request a restriction of your PHI.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must be in writing and must state the specific restriction requested and to whom you want the restriction to apply. Your counselor/coach is not required to agree to a restriction that you may request. Any agreement we may make to a request for restriction must be in writing signed by the Manager of New Hope to make such an agreement on our behalf.

We will not be bound unless our agreement is so memorialized in writing. If we do agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician or other health care professional.

**8.3 You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests.

**8.4 You may have the right to amend your PHI.** This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. Your request must be in writing and explain why the information should be amended. We may deny your request for an amendment in circumstances where we have not created the information or when we believe that the information in your PHI is accurate and complete without the requested amendment.

**8.5 You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** This right applies to disclosures for purpose other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to others based upon your express authorization to family members or friends involved in your care, for a facility directory, for notification purposes, or as part of a limited data set that does not directly identify you. You have the right to receive specific information regarding these disclosures that occurred after December 20, 2008. We will respond to your written response for an accounting within 60 days. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

#### **9.0 Questions and Complaints**

If you want more information about your privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, submit your complaint in writing using the information listed at the end of this notice. You will not be penalized for filing a complaint.

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