

Notice of Privacy Practices

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

Effective Date: June 1st, 2016

We understand that health information about you and your health care is personal and is a very important concern for those who come to this office. It is also complicated, because of the many federal and state laws and our professional ethics. Because the rules are so complicated, some parts of this Notice are very detailed, and you probably will have to read them several times to understand them. If you have any questions, we are happy to help you understand our procedures and your rights.

Overall, we are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by this mental health care practice. This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to notify you of the following:

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Note: The terms of this Notice can change, and such changes will apply to all information we have about you. The new Notice will be available upon request, in the office, and on our website.

A. Introduction: To our clients

This Notice will tell you how we handle your medical information. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this Notice, please ask us for more explanations or more details.

B. What we mean by your medical information

Each time you visit us or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you got from us or from others, or about payment for health care. The information we collect from you is called "**PHI,**" which stands for "**protected health information.**" This information goes into your **medical or health care records** in our system/office.

In this practice, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage and other personal history.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: This is a list of the treatments and other services that we think will best help you.
- Progress notes: Each time you come in, we write down some things about how you are doing, what we notice about you, and what you tell us.
- Records we get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information

There may also be other kinds of information that go into your health care records here.

We use PHI for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to us.
- To show that you actually received services from us, which we billed to you or to your health insurance company.
- For teaching, consultation and training with and for other health care professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this area of the country.
- To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health care records in our office are our physical property, the information belongs to you. You can read your records, and if you want a copy we can make one for you (but we may charge you for the costs of copying and mailing, if you want it mailed to you). In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask us to amend (add information to) your records, although in some rare situations we don't have to agree to do that.

C. Privacy and the laws about privacy

We are required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires us to keep your PHI private and to give you this Notice about our legal duties, our privacy practices and to notify affected individuals following a breach of unsecured PHI. We will obey the rules described in this Notice. If we change our privacy practices, they will apply to all the PHI we keep. We will also post the new Notice of Privacy Practices in our office where

everyone can see. You or others can obtain a copy from us at any time. A current Notice of our Privacy Practice can also be found on our website at www.championmid.org.

D. How your protected health information can be used and shared

Except in some special circumstances, when we use your PHI in this office or disclose it to others, we share only the **minimum necessary** PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. So we will tell you more about what we do with your information. Mainly, we will use and disclose your PHI for routine purposes to provide for your care, and we will explain more about these below. For other uses, we must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that do not need your consent or authorization.

1. Uses and disclosures with your consent

After you have read this Notice, you will be asked to sign a separate **consent form** to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called "health care operations." In other words, we need information about you and your condition to provide care to you. You have to agree to let us collect the information, use it, and share it to care for you properly. Therefore, you must sign the consent form before we begin to treat you. **If you do not agree and consent we cannot treat you.**

a. The basic uses and disclosure

For treatment, payment, and health care operations. Next we will tell you more about how your information will be used for treatment, payment, and health care operations.

For treatment. We use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of our services. We may share minimal information, without the use of identifiable information, for consultation purposes with other mental health and medical providers who are also legally bound to uphold the same confidentiality laws and restrictions as your current provider. We may also share your PHI with others who provide treatment to you. We are likely to share your information with your personal physician. If you are being treated by a team, we can share some of your PHI with the team members, so that the services you receive will work best together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, and so we all can decide what treatments work best for you and make up a treatment plan. We may refer you to other professionals or consultants for services we cannot provide. When we do this, we need to tell them minimal information about you and your conditions. We will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.

For payment. We may use your information to bill you, your insurance, or others, so we can be paid for the treatments we provide to you. Obtaining approval for therapy services may require that your relevant protected health information be disclosed to the health plan to obtain approval for the therapy services. Champion State of Mind also contracts with a HIPAA complaint cloud-based data system, a clearinghouse for billing and payment operations and additional services provided in our office location. The HIPAA complaint cloud-based data system, the clearinghouse and additional services in office must abide by confidentiality and use and disclose law as set out in this Notice and any other applicable law as set out in this Notice and any other applicable law and as specified in a Business Associate Agreement. Your PHI may be disclosed to out networks who manage our contracts with payer sources or to our billing clearinghouse. In addition, your PHI may be disclosed to third party payers. Medicare or Medicaid will perform audits to assure correct and compliant payments were received. We may also contact your insurance company to find out exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and the changes we expect in your conditions. We will need to tell them about when we met, your progress, and other similar things.

Collections. To collect an unsettled account, information necessary to collect such payments may be disclosed to collection agencies.

For health care operations. Using or disclosing your PHI for health care operations goes beyond our care and your payment. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If we do, your name and personal information will be removed from what we send.

b. Other uses and disclosures in health care

Communication and appointment reminders. We may use and disclose your PHI to contact you directly, reschedule or remind you of appointments for treatment or other care through telephone, e-mail, text, answering machine and/or voicemail. If you want us to call or write to you only at your home or your work, or you prefer some other way to reach you, we request that you notify us of such request in writing using the Enrollment form provided by Champion State of Mind.

Treatment alternatives. We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

Other benefits and services. We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Custody of children. Both parents shall have legal right to information concerning or relating to the child unless otherwise ordered by a custody decree or court order. This information may include but is not limited to educational, law enforcement and medical records. It is requested that a copy of court orders and/or custody decrees be provided to Champion State of Mind for documentation purposes.

Claim or defense. Your right to confidentiality of mental health records is waived when you assert your emotional or mental health conditions as a claim or defense.

Research. Though uncommon, we may use or share your PHI to do research to improve treatments—for example, comparing two treatments for the same disorder, to see which works better or faster or costs less. In all cases, your name, address, and other personal information will be removed from the information given to researchers. If they need to know who you are, we will discuss the research project with you, and we will not send any information unless you sign a special authorization form.

Marketing. Your PHI will also not be sold, disclosed or used for marketing or fundraising purposes.

Business associates. We hire other businesses to do some jobs for us. In the law, they are called our “business associates.” Examples include a copy service to make copies of your health records, and a billing service to figure out, print, and mail our bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with us to safeguard your information.

2. Uses and disclosures that require your authorization

If we want to use your information for any purpose besides those described above, we need your permission on an **release of information authorization form**. For example, your authorization would be required for the release or disclosure of your psychotherapy notes. Note that such authorization is requested for the release of psychotherapy notes unless for the use by the originator of the psychotherapy note for treatment, for defense in a legal action or proceeding brought upon by you, required by law or permitted by law for oversight of the originator of the psychotherapy notes.

If you do allow us to use or disclose any or your entire PHI, you can cancel that permission in writing at any time. Such written request to revoke an authorization needs to be submitted directly to Champion State of Mind. We would then stop using or disclosing your information for that purpose. Of course, we cannot take back any information we have already disclosed or used with your permission.

3. Uses and disclosures that don't require your consent or authorization

The law lets us use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when we might do this.

a. When required by law

There are some federal, state, or local laws that require us to disclose PHI: At Champion State of Mind employees are mandatory reporters. We have to report suspected child abuse and neglect or dependent adult abuse and neglect to authorities who are authorized to receive such reports. As required by law, we will have to disclose information necessary to report any known information related to child or dependent adult abuse and/or neglect.

If you are involved in a lawsuit or legal proceeding, and we receive a subpoena, discovery request, administrative order, or other lawful process, we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested. Also note that an established fee will also apply for the mental health provider's time away from the office for which you will be responsible to pay.

We have to disclose some information to the government agencies that check on us to see that we are obeying the privacy laws in addition to government support for individuals with mental health concerns/illness.

Disclosure of PHI may be released to complete or initiate a civil commitment and/or provisions related to hospitalizations of a person with a mental illness when specifically authorized.

b. For law enforcement purposes

We may release PHI information if asked to do so by a law enforcement official to investigate a crime or criminal. Which may include, but not limited to locating a fugitive, missing person, material witness or suspect. To alert law enforcement of a person's death caused by suspected criminal conduct, details released to emergency personnel in connection to a crime or to report a crime in emergency circumstances. PHI information may also be disclosed if you are a crime victim and you consent to such release. If such consent is not able to be obtained, such information may still be disclosed if non-disclosure would expressly hinder the investigation and such disclosure is in your best interest.

c. For public health activities

We may disclose some of your PHI to agencies that investigate diseases or injuries, reactions to products or medications, births or deaths as well as notification to individuals whom have been exposed to disease who may be at risk of contracting or spreading the disease.

d. Relating to decedents

We may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

e. For specific government functions

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may also disclose PHI to military commanding authorities if you are a member of the Armed Forces in relation to information deemed necessary for proper execution of military operations. We may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons authorized by law.

f. To prevent a serious threat to health or safety

If we come to believe that there is a serious threat to your health or safety, or that of another person or the public, we can disclose some of your PHI. Such information may be disclosed to authorities who are qualified to receive such information by law for reports of abuse, neglect and/or domestic violence. Such disclosure will be limited to you providing agreement to the disclosure unless you are found to be incapacitated, required by law and/or such disclosure is deemed necessary to avoid serious harm to you or others.

4. Uses and disclosures where you have an opportunity to object

We can share information about you with your family, friends, close others, legal counsel and/or employers only with your written consent. We will ask you which persons you want us to tell, and what information you want us to tell them in regards to your condition or treatment. You can tell us what you want, and we will honor your wishes as long as it is not against the law. However, if it is an emergency, and so we cannot ask for your consent, we can share information needed to keep you and others safe from immediate danger and/or to receive emergency care. As well, in limited circumstances, when a client is diagnosed with a chronic mental illness, limited information may also be released to individuals who are working within their

direct care, such as a spouse, adult child or parent unless such release is specifically restricted by the client. Such information would be released if the inclusion of such information would assist in the client's overall treatment or care.

5. An accounting of disclosures we have made

When we disclose your PHI, we may keep some records of whom we sent it to, when we sent it, and what we sent. You can receive an accounting (a list) of many of these disclosures of your PHI since April 14, 2003. All requests for such disclosure must be requested in writing and use a form provided by Champion State of Mind. The disclosure to a health oversight agency or to law enforcement may be suspended from such accounting in certain circumstances. We strive to meet such written request for accounting within sixty (60) calendar days after we receive the request.

E. Your rights concerning your health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We request that you notify us of such request in writing using the Enrollment form provided by Champion State of Mind. We will try our best to do as you ask, however, in certain circumstances we may also request an alternate address and contact information for the purpose of payment.

2. You have the right to ask us to limit what we tell people involved in your care or with payment. We don't have to agree to your request, but if we do agree, we will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you. Such requests need to be in writing using a form provided by Champion State of Mind. Even if we agree to a restriction, such restriction can be later terminated either by you or Champion State of Mind if deemed necessary.

3. You have the right to look at the health information (PHI) we have about you, such as your medical and billing records, however, psychotherapy notes may be a limited exception. It may also be requested that such inspection of your PHI be administered under the direct supervision of your mental health provider. You can receive a copy of these records, but we may charge you for cost of copying records and/or cost of mailing. We also have the right to deny this request in certain circumstances. All requests to review or to receive a copy of your records needs to be requested in writing using a release of information form provided by Champion State of Mind. We strive to meet such written request for PHI records within thirty (30) calendar days after we receive the request. Upon granting your request in partial or in full, we will notify you of our acceptance and provide access to such copies. If your written request is denied, such as in relation to psychotherapy notes or related to information obtained for legal proceedings, we will notify you of such request in writing and explain the reason for the denial.

4. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. Information produced by an employee of Champion State of Mind can only be amended and in certain circumstances may also be denied. All requests for an amendment must be requested in writing and use a form provided by Champion State of Mind. You must also state the reasons as to why you are requesting such changes. We strive to meet such written request within thirty (30) calendar days after we receive the request. Upon granting your request in partial or in full, we will notify you of our acceptance and provide access to such changes. If your written request is denied, we will notify you of such request in writing and explain the reason for the denial.

5. You have the right to a copy of this Notice of Privacy Practices. Though you may have accepted a copy of this Notice electronically, you may also obtain a paper copy, as well. You or others can obtain a copy from us at any time. A current Notice of our privacy Practice can also be found on our website at www.championmid.org. If we change this Notice, we will post the new one in our office, and you can always obtain a copy from us in person.

6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way. You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

US Department of Health and Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
PO Box 23489
Washington, DC 20026

Iowa Department of Public Health
Bureau of Professional Licensure
Lucas State Office Building
Des Moines, Iowa 50319-0075

F. If you have questions or concerns

If you need more information or have questions about the Privacy Practices described above, please speak to us at the below information. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact us. As stated above, you have the right to file a complaint with us and with the Secretary of the U.S. Department of Health and Human Services and/or Iowa Department of Public Health. We promise that we will not in any way limit your care here or take any actions against you if you file a complaint. If you have any questions or problems about this Notice or our health information privacy policies, please contact us at:

Champion State of Mind
PO Box 36 Estherville, Iowa 51334
Toll Free: 1-800-592-0180

Effective Date: The effective date of this Notice is June 1, 2016. We reserve the right to revise this Notice at any time. A current Notice of our privacy practice may be obtained from our website at: www.championmind.org.

Please sign below and submit the current page (page 9) to Champion State of Mind.

Please keep pages 1 through 8 for your personal records.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing this document, you are acknowledging that you have received a copy of HIPPA Notice of Privacy Practices. I agree that a photocopy of this form is acceptable and is to be considered as valid as the original, but it must be individually signed by me, the releaser, and a witness if necessary.

Signature of client

Printed name

Date

Signature of parent/guardian/representative

Printed name

Relationship

Date