

NOTICE OF PRIVACY PRACTICES

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.

As part of providing professional care to you, I will do all I can to maintain the privacy of what is called your “protected health information” (PHI). I am also required by law to keep your PHI private. These laws are complicated, and I must give you this important information. This page is a brief description of what I do to maintain your privacy. If you have any questions about my practices, please contact me at Shelly@chtherapy.care or (515) 635-5763.

How I use and disclose your protected health information (PHI) with your consent:

I will use the information I collect about you mainly to provide you with treatment; to arrange payment for our services; and for some other business activities called, in the law, “health care operations.” We will ask you to sign a separate consent form to show that you understand these ways we handle your information. If you do not agree and won't sign this consent form, we will not treat you. If we want to use or send, share, or release your PHI for other purposes, we will discuss this with you so you fully understand it, and ask you to sign a release-of information form to allow this.

Disclosing your health information without your consent:

There are some times when the laws require us to share your information without getting your consent. They are described in the longer version of our Notice of Privacy Practices, but here are the most common situations:

- 1. When there is a serious threat to your or another person's health or safety or to the public. We will only share information with people who are able to help prevent or reduce the danger.**
- 2. When we are required to do so by lawsuits and other legal or court proceedings.**
- 3. When a law enforcement official requires us to do so.**
- 4. For workers' compensation and some similar programs if you seek these benefits.**

When it comes to your health information, you have certain rights. This following section explains your rights and some of our responsibilities to help you:

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

Ask me to correct your medical record

- You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.
- I may say “no” to your request, but I’ll tell you why in writing within 60 days.

Request confidential communications

- I can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- I will say “yes” to all reasonable requests.

Ask me to limit what I use or share

- You can ask me not to use or share certain health information for treatment, payment, or our operations. I am not required to agree to your request, and I may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or our operations with your health insurer. I will say “yes” unless a law requires me to share that information.

Get a list of those with whom I’ve shared information

- You can ask for a list (accounting) of the times I’ve shared your health information for six years prior to the date you ask, who I shared it with, and why.
- I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- I will make sure the person has this authority and can act for you before I take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel I have violated your rights by contacting me using the contact information I have provided.

Certain Uses and Disclosures Require You to Have the Opportunity to Object . If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and we will follow your instructions. In these cases, you have the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

Changes to the Terms of this Notice

I can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

The effective date of this notice is 1/29/19