

CEDAR FALLS COUNSELING ASSOCIATES

and

Martin R. Edwards, Ph.D., P.C.

324 W. 3rd Street

Cedar Falls, Iowa 50613-2745

(319) 277-4383; FAX (319) 268-2207

NOTICE OF PRIVACY PRACTICES

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA), this notice describes how medical information about you may be used and disclosed. It also provides information regarding client rights concerning Protected Health Information (PHI). We are required by Federal law to share this information with our clients and to obtain your signature indicating that you have received and reviewed this form - please read it carefully and if you have questions, please be sure to ask your therapist.

Cedar Falls Counseling Associates (CFCA) and Martin R. Edwards, Ph.D., P.C. (PC), respect client confidentiality and will only release information about you in accordance with applicable State and Federal laws, and consistent with the AAMFT Code of Ethics. In some instances Iowa law or our code of ethics may be more restrictive than Federal law. In such instances, CFCA/PC will comply with the more rigorous standards. This notice describes our policies related to the use of your mental health records.

CFCA/PC will make reasonable efforts to limit use of, disclosure of, and requests for protected health information to the minimum necessary to accomplish the intended purpose, i.e., Treatment, Payment, and Healthcare Operations. All partners and employees of CFCA/PC are required to abide by these privacy regulations.

Effective Date: 9/2013.

Privacy Contact: If you have any questions about this policy or your rights, contact Martin R. Edwards, Ph.D., at Cedar Falls Counseling Associates, 324 West 3rd Street, Cedar Falls, Iowa 50613.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

To provide comprehensive and effective care, there are times when CFCA/PC will need to share your Protected Health Information (PHI) with others. Under Federal law this includes the following:

Treatment: Information about you may be disclosed for treatment purposes. For example, information may be disclosed to another clinician to help coordinate or manage your care.

Payment: Information may be used for payment purposes. Information may be used to preauthorize treatment with your health plan or to collect payments due from individuals or third party payers. Disclosure will be limited only to information needed to authorize or pursue payment.

Healthcare Operations: Information about you may be used to coordinate health care operations. For example, the information may be used in conducting a quality of service review, or, you may be called by name while in the waiting area when your therapist is ready to see you.

Required by Law:

Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Note: Certain records, such as drug and alcohol records, are subject to additional disclosure restrictions.

INFORMATION DISCLOSED WITHOUT YOUR CONSENT

Under Federal law, information about you can be disclosed without your consent in the following circumstances:

Emergencies: In case of an emergency, and if you are not able to give or to refuse permission, CFCA/PC will share only the information that is directly necessary for obtaining emergency care for you.

Danger to Self and/or Others: Information may be disclosed if you are believed to be an imminent danger either to yourself or to others. CFCA/PC is required to disclose information to the appropriate authorities if we reasonably believe such disclosure is necessary to protect you or a third party from a clear imminent risk of physical injury.

Abuse or Neglect: Information about you may be disclosed if CFCA/PC has a reasonable basis to believe that abuse or neglect may have occurred, whether it be child abuse or dependent adult abuse.

As Required by Law: CFCA/PC must disclose information if required to do so by a court order.

Public Health Oversight and Activities: Your PHI may be used or disclosed to a health oversight agency for activities authorized by law. Examples of health oversight activities include accreditation reviews, licensure reviews, audits, investigations, and inspections. In most cases, the oversight activity will be to review the quality of healthcare provided by CFCA/PC.

Research:

PHI may only be disclosed after a special approval process or with your authorization.

Fundraising:

We do not fundraise or use fundraising communications, but in the event we ever should, you have the right to opt out of such activities.

Verbal Permission:

We may also use or disclose your information to family members or individuals that are directly involved in your treatment with your verbal permission.

INFORMATION DISCLOSED WITH YOUR CONSENT

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (1) most uses and disclosures of psychotherapy notes which are separated from the rest of your mental health record; (2) uses and disclosures of PHI for marketing purposes, (3) disclosure(s) that constitute a sale of PHI; (4) other uses and disclosure(s) not described in this Notice of Privacy Practices.

Your written authorization will be required for all other uses and disclosures of your PHI not described in this Notice of Privacy Practices.

You may revoke in writing any authorization you have signed to release health information. This revocation, however, can not apply to information which already has been released in compliance with any request you have made.

CFCA/PC may contact you for health care related issues. For example, CFCA/PC may need to contact you regarding changes in schedule or administrative operations.

INDIVIDUAL PRIVACY RIGHTS

You have the following rights under Federal law:

Right to Inspect and Copy your Record: With limited exceptions, you are entitled to review with your therapist the mental health records we have generated about you. Because this information is often technical and/or sensitive, we highly recommend that you review your records with your therapist. You may also receive a copy of your mental health records, including an electronic copy. All requests to review or to receive a copy of your records must be in writing to CFCA/PC. A reasonable cost-based fee may be applied for reviewing, copying, and mailing your records.

Right to Restriction of Record: You may request CFCA/PC not to use or disclose part of your PHI, including use or disclosure for a particular purpose (treatment, payment, or healthcare operations), or to a particular person. This request must be in writing and must specify the restricted information and limitations. CFCA is not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or

health care operations, and the PHI pertains to a health care item or service that you paid for out-of-pocket. In that case, we are required to honor your request for a restriction. If it is believed to be in your best interest to disclose the information, CFCA/PC is not required to agree to your request. If CFCA/PC does agree to your request, the restriction will be honored unless it is needed and pertinent to an emergency situation. All requests should be submitted to your therapist or the office at CFCA/PC.

Right to Confidential Communications: You may request that we communicate with you about your information by different means or at different locations. For example, you may ask to be notified about CFCA/PC related issues by calling you at home instead of at work. Your request must be made in writing to your therapist. CFCA/PC is required to accommodate any reasonable request you make concerning such contact.

Right to Amend Record: You may request that CFCA/PC amend your mental health records by adding or deleting certain information that is incomplete or inaccurate. This request must be made in writing to the Privacy Officer at Cedar Falls Counseling Associates. CFCA/PC may deny your request for various reasons, e.g., if the information in question was not created by our services. Should your request be denied for any reason, you may then respond with a statement of disagreement which will be added to your records. If CFCA/PC accepts your request to change the information, we will make reasonable efforts to correct previously released inaccurate information and to include the amendment in any future sharing of that information.

Right to Copy of Privacy Notice: You have the right to request and obtain from the CFCA/PC office a paper copy of this notice at any time.

Right to Accounting of Disclosures: You have a right to request and to receive a list of times that CFCA/PC shares information for purposes other than treatment, payment and health care operations. As one example, information may be shared with an agency that audits the quality of health care services we provide. You may request an accounting of disclosure made for a prior 6 year period, but not to predate the 4/14/03 beginning of the HIPAA compliance period. Your request to receive a list of disclosures must be in writing and directed to the CFCA/PC office. One accounting disclosure a year will be provided for free. If another one is requested within 12 months, a reasonable cost-based fee will be charged.

Breach Notification: We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information, including what happened and what you can do to protect yourself.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice, or if you think CFCA/PC may have violated your privacy rights, please contact your therapist, or the Privacy Officer at CFCA/PC. You may also submit a written complaint to the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington D.C., 20201, (877) 696-6775. CFCA/PC will not retaliate in any way if you choose to file a complaint.

RESPONSIBILITY TO COMPLY WITH NOTICE

CFCA/PC is required to comply with the terms of the Privacy Notice currently in effect. However, CFCA/PC reserves the right to change its Privacy Policy based on its needs and changes in State and Federal law. A copy of any material change in the Privacy Policy will be available at the CFCA/PC office.

To exercise any of these rights, please submit your request in writing to our Privacy Officer at:

Cedar Falls Counseling Associates
Attn: Privacy Officer
324 W. 3rd St.
Cedar Falls, IA 50613

For more information or questions please visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html
www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx

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ACKNOWLEDGMENT

I have received a copy of the CFCA/PC **NOTICE OF PRIVACY PRACTICES**. I have been provided an opportunity to review it and to discuss questions and concerns with my therapist.

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

WITNESS: _____