

## **Gerald & Audrey Olson Marriage & Family Therapy Clinic NOTICE OF PRIVACY PRACTICES**

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

### **What is “Medical Information”?**

The term “medical information” is synonymous with the terms “personal health information” and “protected health information” for purposes of this Notice. It essentially means any individually identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, that is created or received by a health care provider, health plan, or others and 2) relates to the past, present, or future physical or mental health or condition of an individual (you); the provision of health care (e.g., mental health) to an individual (you); or the past, present, or future payment for the provision of health care to an individual (you).

*Gerald & Audrey Olson Marriage & Family Therapy Clinic* is a mental health care provider. The clinic creates and maintains treatment records that contain individually identifiable health information about you. These records are generally referred to as “medical records” or “mental health records,” and this notice, among other things, concerns the privacy and confidentiality of those records and the information contained therein.

### **Uses and Disclosures without Your Authorization - For Treatment, Payment, or Health Care Operations**

Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient to use or disclose the patient’s personal health information, without the patient’s written authorization, to carry out the health care provider’s own treatment, payment, or health care operations. *Gerald & Audrey Olson Marriage & Family Therapy Clinic* may also disclose your protected health information for the treatment activities of any health care provider within the facility. This too can be done without your written authorization.

***An example of a use or disclosure for treatment purposes:*** If *Gerald & Audrey Olson Marriage & Family Therapy Clinic* decides to consult with another licensed health care provider within the facility about your condition; it would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist in the diagnosis or treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care among health care providers, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

### **Other Uses and Disclosures without Your Authorization:**

*Gerald & Audrey Olson Marriage & Family Therapy Clinic* may be required or permitted to disclose your personal health information (e.g., your mental health records) without your written authorization. The following circumstances are examples of when such disclosures may or will be made:

- 1) If disclosure is compelled by a court pursuant to an order of that court.
- 2) If disclosure is compelled by a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.
- 3) If disclosure is compelled by a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum (e.g., a subpoena for mental health records), notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency.
- 4) If disclosure is compelled by a board, commission, or administrative agency pursuant to an investigative subpoena issued pursuant to its lawful authority.
- 5) If disclosure is compelled by an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum (e.g., a subpoena for mental health records), or any other provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.
- 6) If disclosure is compelled by a search warrant lawfully issued to a governmental law enforcement agency.
- 7) If disclosure is compelled or by the mandatory reporting of child abuse and neglect according to Iowa code.
- 8) If disclosure is compelled by the mandatory reporting of elder/dependent adult abuse according to Iowa code.
- 9) If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or to the person or property of others, and if we determine that disclosure is necessary to prevent the threatened danger.
- 10) If disclosure is compelled or permitted by the fact that you tell us of a serious threat (imminent) of physical violence to be committed by you against a reasonably identifiable victim or victims.
- 11) If disclosure is compelled or permitted, in the event of your death, to the coroner in order to determine the cause of your death.
- 12) As indicated above, we are permitted to contact you without your prior authorization to provide appointment reminders or information about alternatives or other health-related benefits and services that may be of interest to you. Be sure to let us know where and by what means (e.g., telephone, letter, email, fax) you may be contacted.
- 13) If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law, including but limited to, audits, criminal or civil investigations, or licensure or disciplinary actions.

- 14) If disclosure is compelled by the U. S. Secretary of Health and Human Services to investigate or determine my compliance with privacy requirements under the federal regulations (the “Privacy Rule”).
- 15) If disclosure is otherwise specifically required by law.

**PLEASE NOTE:** The above list is not an exhaustive list, but informs you of most circumstances when disclosures without your written authorization may be made. Other uses and disclosures will generally (but not always) be made only with your written authorization, even though federal privacy regulations or state law may allow additional uses or disclosures without your written authorization. Uses or disclosures made with your written authorization will be limited in scope to the information specified in the authorization form, which must identify the information “in a specific and meaningful fashion.” You may revoke your written authorization at any time, provided that the revocation is in writing and except to the extent that *Gerald & Audrey Olson Marriage & Family Therapy Clinic* has taken action in reliance on your written authorization. Your right to revoke an authorization is also limited if the authorization was obtained as a condition of obtaining insurance coverage for you. If Iowa law protects your confidentiality or privacy more than the federal “Privacy Rule” does, or if Iowa law gives you greater rights than the federal rule does with respect to access to your records, *Gerald & Audrey Olson Marriage & Family Therapy Clinic* will abide by Iowa law. In general, uses or disclosures of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure. Similarly, when *Gerald & Audrey Olson Marriage & Family Therapy Clinic* requests your personal health information from another health care provider, health plan or health care clearinghouse, we will make an effort to limit the information requested to the minimum necessary to accomplish the intended purpose of the request. As mentioned above, in the section dealing with uses or disclosures for treatment purposes, the “minimum necessary” standard does not apply to disclosures to or requests by a health care provider for treatment purposes because health care providers need complete access to information in order to provide quality care.

### **Your Rights Regarding Protected Health Information:**

- 1) You have the right to request restrictions on certain uses and disclosures of protected health information about you, such as those necessary to carry out treatment, payment, or health care operations. *Gerald & Audrey Olson Marriage & Family Therapy Clinic* is not required to agree to your requested restriction. If *Gerald & Audrey Olson Marriage & Family Therapy Clinic* does agree, we will maintain a written record of the agreed upon restriction.
- 2) You have the right to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- 3) You have the right to inspect and copy protected health information about you by making a specific request to do so in writing. This right to inspect and copy is not absolute – in other words, *Gerald & Audrey Olson Marriage & Family Therapy Clinic* is permitted to deny access for specified reasons. For instance, you do not have this right of access with respect to “psychotherapy notes.” The term “psychotherapy notes” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling

session or a group, conjoint, or family counseling session and that are separated from the rest of the individual's medical (includes mental health) record. The term excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

- 4) You have the right to amend protected health information in the records by making a request to do so in a writing that provides a reason to support the requested amendment. This right to amend is not absolute – in other words, *Gerald & Audrey Olson Marriage & Family Therapy Clinic* is permitted to deny the requested amendment for specified reasons. You also have the right, subject to limitations, to provide a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become a part of your record.
- 5) You have the right to receive an accounting of the disclosures of protected health information made by *Gerald & Audrey Olson Marriage & Family Therapy Clinic* in the six years prior to the date on which the accounting is requested. As with other rights, this right is not absolute. In other words, *Gerald & Audrey Olson Marriage & Family Therapy Clinic* is permitted to deny the request for specified reasons. For instance, *Gerald & Audrey Olson Marriage & Family Therapy Clinic* does not have to account for disclosures made in order to carry out treatment, payment, or health care operations. *Gerald & Audrey Olson Marriage & Family Therapy Clinic* also does not have to account for disclosures of protected health information that are made with your written authorization, since you have a right to receive a copy of any such authorization you might sign.
- 6) You have the right to obtain a paper copy of this notice from *Gerald & Audrey Olson Marriage & Family Therapy Clinic* upon request.

***PLEASE NOTE:*** *In order to avoid confusion or misunderstanding, Gerald & Audrey Olson Marriage & Family Therapy Clinic asks that if you wish to exercise any of the rights enumerated above, that you put your request in writing and deliver or send the writing to Gerald & Audrey Olson Marriage & Family Therapy Clinic. If you wish to learn more detailed information about any of the above rights, or their limitations, please let the clinic know. We are willing to discuss any of these matters with you.*