



MAIN OFFICE:
LE MARS

P.O. Box 70 • Le Mars, Iowa 51031-0070
712-546-4624 • 1-800-325-1192
FAX 712-546-9395
www.plainsareamentalhealth.org

YOU KEEP

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used or disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this Privacy Notice or want more information, please contact our Privacy Officer at Plains Area Mental Health Inc., 712-225-2575, or in writing at PO Box 972, Cherokee, IA 51012.

Protected Information. While receiving care from Plains Area Mental Health Inc., information regarding your medical history, treatment, and payment for your health care may be originated and/or received by us. Information which can be used to identify you and which relates to your past, present, or future health condition, receipt of health care or payment for health care. This information is Protected Information.

Our Responsibilities. Federal and State laws impose certain obligations and duties upon us as a covered health care provider with respect to your Protected Information. Specifically, we are required to:

- Provide you with a notice of our legal duties and Plains Area's policies regarding the use and disclosure of your Protected Information;
- Maintain the confidentiality of your Protected Information in accordance with state and federal law;
- Abide by the terms of this notice.
- Respect your rights regarding requests for restrictions of uses and disclosures, requests for access to your information, requests for amendment, requests for accountings of disclosures, requests for revoking authorizations, and requests for alternative communications.

How your Protected Information may be used and disclosed. Generally your Protected Information will not be disclosed without prior written authorization. However we may disclose your Protected Information without your consent in the following situations:

You waive your right to confidentiality of mental health records when you assert your mental or emotional condition as a claim or defense. Iowa Code 228.6(4) and Iowa Code 622.10(3)(c) and 164.512 HIPAA

Treatment Purposes: Mental Health Information may be disclosed for the purpose of providing additional treatment if you have made a written request. Iowa Code 228.2(3). Additionally we may disclose mental health information to other providers of professional services who may be involved in your care. Iowa Code

your care. Iowa Code 228.5(1) and 164.506 HIPAA; Examples: We may provide your primary physician a list of medications that have been prescribed to you by Plains Area Mental Health Inc.'s psychiatrist so that your doctor can best treat your medical problems. We may also have contact with your pharmacist in order to get your prescriptions filled correctly. This may also include sharing information with other professionals that are on your treatment team such as a case manager. We may also contact you to provide appointment reminders which may be by telephone including leaving a message on an answering machine or by mailing you a reminder. We may also contact you to provide information about treatment alternatives or related services that may be of benefit to you.

Custody of Children: Unless otherwise ordered by the court in the custody decree, both parents shall have legal access to information concerning the child including but not limited to medical, educational, and law enforcement records. Iowa Code 598.41(1e) and 164.502 HIPAA

Emergencies: Mental health information may be disclosed at any time to another facility, physician, or mental health professional in cases of a medical emergency. Iowa Code 228.2(3) and 164.512 HIPAA

Payment and Operations: Plains Area Mental Health contracts with a Clearinghouse for billing and payment operations. Pursuant to an authorization from you to provide a third party payer information for payment purposes we may release the minimum necessary information that is required for billing through the Clearinghouse without a specific authorization from you. The Clearinghouse must abide by confidentiality and use and disclosure laws as set out in this Notice and any other applicable law and as specified in the Business Associate Agreement. We may disclose information to other Business Associates for Healthcare Operation purposes including our Auditor, Legal Counsel, Medical Director, or any Business Associate that performs services on our behalf. Where possible the information will be de-identified or minimum necessary information will be disclosed. All Business Associates must abide by confidentiality and use and disclosure laws as set out in this Notice and any other applicable law as specified by the Business Associate Agreement. 164.504 HIPAA

Collections: Information necessary to collect payment on an unsettled account. You will receive special notice prior to us disclosing information to collection agencies. Iowa Code 228.5(2) and 164.506 HIPAA

Research and Health Oversight: While Plains Area Mental Health, Inc. does not engage in research on a regular basis, research projects may be allowed. The policies and procedures concerning research must be adhered to. Please see 11.2 of our Policy and Procedures. Mental health information may be disclosed for conducting scientific research and data research, management audits, or program evaluations of Plains Area Mental Health Center. In most cases we will remove any information that can identify you and, persons conducting audits and evaluations are also held to keeping your Protected Information confidential. Iowa Code 228.5(3). Audits, investigations, inspections relating to service provision and compliance with applicable laws and regulations. 164.512 HIPAA

Specific authorization by law:

- When otherwise specifically required by other states or the federal government by laws that specifically relate to the protection of human health and safety. Iowa Code 228.6(1) and 164.512 HIPAA
- When specifically authorized by provisions relating to hospitalization of persons with mental illness. Iowa Code 229.25 and 164.512 HIPAA
- When specifically authorized by provisions relating to government support of individuals with mental illness. Iowa Code 230.20 and 230A.13 and 164.512 HIPAA

Child or Dependent Adult Abuse: Plains Area Mental Health employees are mandatory reporters of child abuse and must disclose information necessary to report any known incident of child or dependent adult abuse under

under requirements by law. Iowa Code 232.74 and .147 and Iowa Code 235B and 164.512 HIPAA

Court Order: Court orders may authorize disclosures. Iowa Code 228.6(2) and 512 HIPAA

Commitment: Disclosure may be made to initiate or complete civil commitment proceedings. Iowa Code 229 and 228.6(3) and 164.512 HIPAA

Family members: We may disclose information to family members if you are diagnosed as having a chronic mental illness. The information is limited to a summary of your diagnosis and your prognosis, a list of your medications and your history of the last six months of compliance in taking these medications, and your treatment plan. The family member must be directly involved in your care or monitoring your treatment and this must be verified by the treating physician, mental health professional or someone other than the family member involved in your care. However, if you are not incapacitated you have the right to object to disclosures to family members. Iowa Code 228.8 and HIPAA 164.510

Workers Compensation: We are required to disclose Protected Information in Workers Compensation cases. Iowa Code 85.27 and 164.512 HIPAA

Victims of abuse and neglect: If we feel disclosure is necessary to prevent serious harm to you or others we may disclose information if you are incapacitated and unable to agree to the disclosure. Disclosure will be made only if failure to release the information would adversely affect a law enforcement activity and only if the information will not be used, in any way, against you. 164.512 HIPAA

Law enforcement: We may release your Protected information to law enforcement for the following purposes:

- Pursuant to a court order or warrant.
- Identifying or locating a suspect, fugitive, or material witness or missing person.
- If you are a crime victim, but only if you consent, or if you are unable to consent and the information is necessary to determine if a crime has occurred, non-disclosure would significantly hinder the investigation, and disclosure is in your best interest.
- To alert law enforcement if a person's death was caused by suspected criminal conduct.
- By emergency care personnel if the information is necessary to alert law enforcement of a crime, the location of a crime, or characteristics of the perpetrator. 164.512 HIPAA

Coroner, Medical Examiners, Funeral Homes: Protected Information may be released to a coroner or medical examiner in order to identify a deceased person, determine the cause of death, or other duties authorized by law. Protected Information may be released to funeral directors to carry out their duties. 164.502 and 164.512 HIPAA.

Specialized Government Functions:

- Military and veterans activities.
- National security and intelligence activities.
- Protective service of the President and others.
- Medical suitability determinations for the Department of State Officials.
- Correctional institutions and law enforcement custodial situations.
- Provisions of public benefits. 164.512 HIPAA

Public Health Activities:

- Preventing or controlling disease, injury, or disability.
- Reporting births or deaths.

- Reporting reactions to medications or problems with products.
- Notifying individuals exposed to disease who may be at risk for contracting or spreading the disease. 164.512 HIPAA

Your Rights. Federal and state laws grant you certain rights with respect to your Protected Information. Specifically you have the right to:

- Receive notice of our policies and procedures used to protect your Protected Information.
- Request that certain uses and disclosures of your Protected Information be restricted. However, we have the right to refuse your request in certain instances. The request needs to be in writing using a form provided by Plains Area Mental Health, Inc.
- Have access to your Protected Information. However, we have the right to deny this request in certain instances. Requests for review or copies of your information need to be done in writing using a form provided by Plains Area Mental Health, Inc.
- Request that your information be amended. We can only amend the information that has been produced by an employee of Plains Area Mental Health, Inc. and may be denied in certain instances. A request for amendment can be done by requesting a form provided by Plains Area Mental Health, Inc.
- Obtain an accounting of certain disclosures by us of your protected information for the past six years. An accounting can be requested by completing a form provided by Plains Area Mental Health, Inc.
- Revoke any prior authorizations for use or disclosure except to the extent the action has already been taken. Revocations can be done by requesting a form provided by Plains Area Mental Health, Inc.
- Request that any communications to you are done by an alternative means or at alternative locations such as a different mailing address or phone number.

Effective Date: This notice becomes effective on April 14, 2003. Please note we reserve the right to revise this notice at any time. A current notice of our privacy practices may be obtained from any of the Plains Area Mental Health, Inc. Offices in Cherokee, Ida, Plymouth, and Sioux counties in Iowa. The phone numbers and addresses are listed on the letterhead on the first page of this notice. You may also call 712-225-2575 and request one be sent to you. You may also request one by writing to the Privacy Officer at P.O. Box 972, Cherokee, Iowa 51012.

Any complaints can be reported to the Privacy Officer at Plains Area Mental Health, Inc. at 712-225-2575 or in writing at P.O. Box 972, Cherokee, Iowa 51012. You can also report any complaints to the U.S. Secretary of the Department of Health and Human Services. Plains Area Mental Health is obligated by law to refrain from any intimidating or retaliatory acts against any individual for filing a complaint or assisting in the investigation of a complaint.