

Notice of Privacy Practices



This notice describes how your protected health information (PHI), including substance use disorder (SUD) records, may be used and disclosed and your rights under federal law, including HIPAA and 42 CFR Part 2.

Protected Health Information (PHI) is information that:

- Identifies you, and
- Relates to your past, present, or future physical or mental health, treatment, or payment for services

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 this Privacy Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Maintain the privacy of your health information which is protected information according to HIPAA, 42 CFR Part 2, and other state and federal requirements
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction
- Notify you if a breach occurs that may have compromised the privacy or security of your information
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our policies, terms, and conditions and to make the new provision effective for all protected health information we maintain at our sole discretion. Should our information practices change, we will post notice of this along with the revised policy in our reception areas and will supply you with the revised policy upon request. We will not use or disclose your health information without your authorization, except as described in this notice.

Your Rights: Federal and state laws grant you certain rights with respect to your Protected Health Information.

Specifically you have the right to:

- Request and obtain a paper copy of this notice
- Request communications of your health information by alternative means or at alternative locations
- Request to inspect and obtain a copy of your health record; however, if there are grounds for denial after review by your service provider, you will be provided with an explanation of the decision to deny access.
- Request a restriction on certain uses and disclosures of your information; however, Plains Area Mental Health, Inc is not required to agree to a requested restriction.
- Request an amendment of your protected health information. 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 and complet-

ing a form provided by Plains Area Mental Health, Inc.

- Obtain an accounting of certain disclosures by us of your protected information since April 14, 2003. An accounting can be requested by completing a form provided by Plains Area Mental Health, Inc.
- Receive Breach Notification, you will be notified if a breach occurs involving your PHI, including substance use disorder records.
- Revoke your authorization to use or disclose health information except to the extent that: 1) action has already been taken 2) Authorization was obtained as a condition of obtaining health insurance coverage

How your Protected Information may be used and disclosed: We may use and disclose your PHI for treatment, payment, and health-care operations (TPO) as permitted by law. Certain disclosures, particularly involving SUD records, require your written consent (federal law 42 CFR Part 2) unless otherwise allowed by law. Information disclosed to covered entities or business associates for treatment, payment, and health care operations may be re-disclosed in accordance with HIPAA regulations except for civil, criminal, or legislative proceedings.

Federal law and regulation does not protect information about:

- A crime committed by you either at Plains Area Mental Health, against any employer of Plains Area Mental Health or about any threat to commit such a crime.
- Any information concerning suspected child abuse or neglect from being reported under state law.

Examples of Disclosures for Treatment, Payment, and Health Operations:

We limit uses and disclosures of your information to the minimum necessary to accomplish the intended purpose when required by law.

Treatment Purposes: We may use and disclose your PHI to provide, coordinate, or manage your care. This may include communication with doctors, therapists, pharmacies, case managers, and other providers involved in your care. Example: 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.

Payment and Health Care Operations: We may use and disclose your PHI to bill and receive payment for services. This includes sharing information with insurance companies, Medicaid, and billing services. For SUD records, disclosures for payment and operations may occur with your written consent for TPO. We may use and disclose your PHI for operations such as:

- Quality improvement
- Staff training
- Licensing and accreditation

Collections: Information necessary to collect payment on an unsettled account. You will receive special notice prior to us disclosing information to collection agencies.

Business associates/qualified service organizations: There are some services provided in our organization through contracts with business associates or qualified services organizations. When these services are contracted, we may disclose your health information to our business associate or qualified service organization so they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate or qualified service organization to appropriately safeguard your information.

Other Uses and Disclosures

We may also disclose your information when required or permitted by law, including:

- Medical emergencies
- Public health and safety reporting
- Abuse or neglect reporting
- Court orders or legal proceedings
- Law enforcement purposes
- Workers' compensation and government programs

Emergencies: Mental health and Substance Use Disorder information may be disclosed at any time to another facility, physician, or mental health professional in cases of a medical emergency.

Research and Health Oversight: While Plains Area Mental Health, Inc. does not engage in research on a regular basis, research projects may be allowed. 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.

Public health: As required by law, we may disclose your health information to public health or legal authorities responsible for preventing or controlling disease, injury, or disability.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Child Custody: Unless otherwise ordered by the court in the custody decree, or other court order, both parents shall have legal access to information concerning the child including but not limited to medical, educational, and law enforcement records.

Family members: We may release your health information to family members and those you have authorized. Unless you object, we may disclose health information to family member(s) or legal representative(s) who are involved in your care or involved in payment of your care. If you are unable to agree or object to such a disclosure, our health professionals, using their best judgment, may disclose information if it is determined to be in your best interest as permitted by confidentiality laws, substance use disorder information will not be

disclosed to family members without your consent unless permitted by confidentiality law (HIPAA and 42 CFR Part 2).

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Court Proceedings: Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to hear is provided to you (the client) and/or the holder of the record, where required by 42 USC§290dd-2 and 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed. If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, your right to revoke consent may be more limited and should be clearly explained on the consent you sign

CCBHC: Plains Area Mental Health is part of The Certified Community Behavioral Health Clinic project (CCBHC), funded by the Substance Abuse and Mental Health Services Administration, this is a model that provides a number of integrated services to improve access to quality mental health and substance abuse treatment. De-identified information regarding your service utilization may be reported to federal monitors to assess and improve community behavioral health outcomes, protected under standard federal privacy rules. Your participation in this specialized program is completely voluntary. You may revoke your participation in writing at any point. Choosing not to participate or withdrawing later will not affect your right to standard care at this facility.

For More Information or to Contact Us: For more information, or to receive a copy of this notice please contact the Privacy Officer. You may file a complaint regarding violations of your privacy rights, including protections related to SUD confidentiality under 42 CFR Part 2 to the Privacy Officer at Plains Area Mental Health, Inc. or U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized or retaliated against for filing a complaint.

Contact:

Privacy Officer

PO Box 70 or 712-546-4624 Le Mars, IA 51031

Effective Date: 09/16/2026

Please note that we reserve the right to revise this Notice at any time. A current copy of our Notice of Privacy Practices is available upon request at any time.