

# HIPAA PRIVACY NOTICE

**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.**

**PROTECTED HEALTH INFORMATION:** In the course of treatment, information regarding your care may be created and/or received by Children & Families of Iowa (CFI). This information can be used to identify you and relates to your past, present or future physical or mental condition, genetic information, receipt of care, or payment for care and is considered Protected Health Information (PHI) under federal and state laws.

Federal law imposes certain obligations and duties upon CFI as a service provider with respect to your PHI. CFI is required to:

- Provide you with notice of our legal duties and policies regarding the use and disclosure of your Protected Health Information;
- Maintain the confidentiality of your protected information in accordance with state and federal law; and
- Abide by the terms of this notice.

## **HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED:**

Generally, your Protected Health Information may be used and disclosed by CFI only with your express written authorization. This written authorization includes to whom the information may be disclosed, what information may be disclosed and for what purpose. You may revoke this authorization at any time, although any information released prior to the revocation may be used as stated on the consent.

- **Treatment Purposes:** CFI may use or disclose your Protected Health Information for treatment purposes to doctors, nurses, or hospitals; for instance, in order to facilitate your treatment.
- **Payment Purposes:** Protected Health Information may be required by your insurance company in order to receive payment for treatment and services provided to you.
- **Compliance and Quality Assurance:** We may release your Protected Health Information to another individual or entity covered by the HIPAA privacy regulations that has a relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review, evaluation or training of professionals or students.
- **Oversight Activities:** Protected Health Information may be used or disclosed to an oversight agency for activities authorized by law. Examples of oversight activities include audits, investigations, and inspections. In most cases, the oversight activity will be for the purpose of overseeing services and agency compliance with certain laws and regulations.
- **Judicial and Administrative Proceedings:** If you are involved in a lawsuit or other administrative proceeding, your Protected Health Information may be released in response to a court or administrative order, or in response to a subpoena or discovery request; however, this release will occur only if efforts have been made by the requestor to provide you with notice of the request and you have failed to object or the objection was resolved in favor of disclosure, or in the alternative, the requestor has obtained a protective order protecting the requested information.
- **Law Enforcement:** Your Protected Health Information may be released to law enforcement officials when required or permitted by federal or state law to do so.
- **Emergency Circumstances:** Protected Health Information may be disclosed to personnel who have a need for information about a client, such as for the purpose of treating a medical or mental condition which poses an immediate threat to the health and safety of any individual or the public and which requires immediate intervention.
- **Individuals Involved in Your Care:** CFI may give out your Protected Health Information to a friend or family member who is helping with your care or with payment for your care. However, prior to sharing your Protected Health Information in this instance, CFI will first attempt to obtain your verbal or written consent. An example when obtaining such consent would not be feasible is if you are involved in a serious accident and unavailable to give your consent and it is necessary for CFI to speak with your emergency contact or other responsible party.
- **Mandatory Reporting of Child Abuse/Dependent Adult Abuse:** CFI staff are mandatory reporters of child abuse and dependent adult abuse. In the event that there is reason to suspect that child abuse or dependent adult abuse has occurred, your Protected Health Information may be disclosed as required by law.
- **Business Associates:** CFI may disclose your Protected Health Information to CFI's business associates that perform functions on CFI's behalf or provide CFI with services if the information is necessary for such functions or services. For example, CFI may use another company to perform its annual independent financial audit. All of CFI's business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in the contract with the business associate.
- **Data Breach Notification:** CFI may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **As Authorized by Law:** CFI will disclose your Protected Health Information for reasons not described above when required by law to do so.
- **Other Disclosures:** Uses or disclosures of your Protected Health Information not described in this Privacy Notice will be made only with your authorization.
- **More Stringent Laws:** Some of your Protected Health Information may be subject to other laws and regulations and afforded greater protection than what is outlined in this notice. For instance, HIV/AIDS, substance abuse and mental health information are often given more protection. In the event your Protected Health Information is afforded greater protection under Federal or State law, CFI will comply with the applicable law.

## **USES AND DISCLOSURES TO WHICH YOU CAN OBJECT AND OPT OUT**

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, CFI may disclose to a member of your family, a relative, a close friend, or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if CFI determines that it is in your best interest based on CFI's professional judgment.

**Fundraising.** CFI may use limited health information for fundraising, including your demographic data, health insurance status, dates during which you received services, general description of the services provided, and treatment outcome information.

## **YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES/DISCLOSURES**

The following uses and disclosures of your Protected Health Information can only be made with your written authorization:

- Use or disclosure of psychotherapy notes, except under certain circumstances;
- Use or disclosure of Protected Health Information for marketing purposes; and
- Disclosures that constitute a sale of your Protected Health Information (CFI does not engage in the sale of Protected Health Information).

## **YOUR RIGHTS:**

Federal law grants you certain rights with respect to your Protected Health Information. Specifically, you have the right to:

- Receive notice of CFI's policies and procedures used to protect your Protected Health Information;
- Request in writing the opportunity to inspect and obtain a copy of your Protected Health Information, however, this request may be denied in certain situations, such as under federal law you may not inspect or copy psychotherapy notes or information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding;
- If your Protected Health Information is maintained in an electronic form, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity;
- Request that your Protected Health Information be amended, although CFI is not required to grant your request;
- Obtain an accounting of certain disclosures from CFI of your Protected Health Information for the past six years;
- Revoke any prior authorizations for use or disclosure of Protected Health Information, except to the extent that action has already been taken;
- Request communications of your Protected Health Information be communicated by alternative means or at alternative locations; and
- Be notified following a breach of your unsecured Protected Health Information when it has been or is reasonably believed to have been accessed, acquired, used or disclosed in violation of privacy regulations.

## **THE RIGHT TO FILE A COMPLAINT**

If you believe your privacy rights have been violated, you may file a complaint with CFI by contacting your direct worker or the director of the program in which you participate at the numbers listed below. They will provide you specific information regarding the CFI's grievance policy. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for the filing of a complaint.

## **IMPORTANT CONTACT INFORMATION**

This notice has been provided to you as a summary of how CFI will use your Protected Health Information and your rights with respect to your Protected Health Information. If you have any questions or would like more information regarding your Protected Health Information, please contact your direct worker or the supervisor of the program in which you participate.

## **EFFECTIVE DATE**

This notice became effective September 23, 2013 and stays in effect until further notice. Please note CFI reserves the right to revise its practices with respect to Protected Health Information and to amend this notice at any time. Should our privacy practices change, you will be provided with a revised copy of this notice either in person or through the mail. In addition, a current notice of our privacy practices may be obtained from your direct worker or the supervisor of the program in which you participate

## **IF YOU HAVE QUESTIONS, PLEASE CONTACT THE PROGRAM DIRECTOR AT THE FOLLOWING LOCATIONS:**

**OTTUMWA - (641) 682-3642**

**FORT DODGE- (515) 573-2193**

**DES MOINES- (515) 288-1981**

**OSCEOLA- (641) 342-3444**

**ANKENY- (515) 289-2272**

**YOU MAY ALSO CONTACT THE AGENCY'S QUALITY ASSURANCE COORDINATOR/PRIVACY OFFICER AT (515) 697-7948 or email [qualityassurance@cfiowa.org](mailto:qualityassurance@cfiowa.org).**