

Vera French Community Mental Health Center  
**NOTICE OF PRIVACY PRACTICES**

This notice describes how Protected Health Information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This facility is required by law to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as “Protected Health Information” (PHI) or simply “health information.” We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact our Privacy Officer at 563-383-1900, by mail at 1441 West Central Park Avenue, Davenport, IA 52804, or email at [privacy@verafrenchmhc.org](mailto:privacy@verafrenchmhc.org).

### **Understanding Your Health Record and Information**

Each time you are served by our organization, a record of our service is made containing health and financial information. Typically, this record contains information about your condition, the service we provide and payment for the treatment. We may use and/or disclose this information to:

- Plan your care and treatment
- Communicate with other health professionals involved in your care
- Document the care you receive
- Educate health professionals
- Provide information for medical research
- Provide information to public health officials
- Evaluate and improve the care we provide
- Obtain payment for the care we provide

Understanding what is in your record and how your health information is used helps you to:

- Ensure it is accurate
- Better understand who may access your health information
- Make more informed decisions when authorizing disclosure to others.

### **How We May Use and Disclose Protected Health Information About You**

The following categories describe the ways that that HIPAA Privacy Rules allow us to use and disclose medical information about you. When Iowa laws are more restrictive, we will follow the Iowa law in regards to use and disclosure of your PHI. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

#### **A. Uses and Disclosures for Treatment, Payment and Administrative Operations**

- 1. For Treatment.** We may use or disclose health information about you to provide you with services. We may disclose some health information about you to doctors, nurses, therapists or other organization personnel, as well as other physicians, mental health providers, laboratories and pharmacies, in order to coordinate and manage your services. *For example, we may need to disclose information to a case manager who is responsible for coordinating your care and we may disclose information to your pharmacy so they may fill your medication prescriptions.*
- 2. For Payment.** We may use or disclose your protected health information (PHI) so that the services you receive are billed to, and payment is collected from, you, your funders or other interested parties. This includes collection agencies if your account becomes delinquent and you do not respond to our requests to resolve your account. Your consent will be obtained when services commence and that consent will remain in effect for as long as you receive services from us. *For example, we may disclose your PHI to permit funders to approve or pay for your services. This may include: making a determination of eligibility for services, reviewing your services, reviewing your services to determine if they were appropriately authorized, reviewing your services for purposes of utilization review, to ensure the appropriateness of your services, or to justify the charges for your services.*
- 3. For Administrative Operations.** We may use and disclose PHI about you for our day to day administrative operations. These uses and disclosures are necessary to run our organization and make sure that you receive quality services. *For example, these activities may include quality reviews, medication reviews, licensing, business planning and development, and general administration activities.* We may also combine health information about many

individuals to help determine what additional services should be offered, what services should be discontinued, and whether certain new treatments are effective. Health information about you may be used by the administrative offices for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems programs. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical review, legal services and compliance programs. Your health information may be used and disclosed for the business management and general activities of the organization including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of the organization. In limited circumstances, we may disclose your health information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of the consumers.

We may also provide your PHI to your funders to assist them in performing their own operations. We will do so only if you have or have had a relationship with the funder. For example, we may provide information about you to your funder to assist them in their quality assurance activities.

#### **Other Allowable Uses and Disclosures of Your Health Information**

We may also use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

- **Business Associates** – There are some services provided in our facilities through contracts with business associates. Examples include outside attorneys and a paper shredding service we use to dispose of PHI. In the course of performing the work we have asked them to do for us, they may have access to your PHI. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **Treatment Alternatives** – We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you. This is so our therapists and prescribers can collaborate and consult with healthcare professionals to provide you with the best possible and most effective care.
- **Proof of Immunization** – We may use or disclose immunization information to a school about you: (a) if you are a student or prospective student of the school; (b) the information is limited to proof of immunization; (c) the school is required by State or other law to have the proof of immunization prior to admitting you; and (d) we obtain and document the agreement to the disclosure from either: (1) you, your parent or guardian, or (2) from you if you are an adult or an emancipated minor.
- **Health Related Benefits and Services and Reminders** – We may contact you to provide appointment reminders, information about your medications, or in some circumstances, information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Fundraising Activities** – We may use health information about you to contact you in an effort to raise money as part of fundraising effort. We may disclose health information to a foundation related to the facility so that the foundation may contact you in raising money for the facility. We will only release contact information, such as your name, address and phone number and the dates you received treatment or services from our organization. You have the right to opt out of any use of protected health information for fundraising activities. If you do not want Vera French Community Mental Health Center or its foundation, to contact you for fundraising you must notify the Privacy Officer at 563-383-1900.
- **Individuals Involved in Your Care or Payment for Your Care** – Unless you object, we may disclose health information about you to a certain family members who are involved in your care. Such information will be directly relevant to that person's involvement in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. We may also disclose information to the person(s) that you have given legal authority to handle your estate after your death. If there is a family member that you do not want to receive information about you, please notify us.
- **As Required By Law** – We will disclose health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety** – We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.

- **Victims of Abuse, Neglect or Domestic Violence** – We may disclose PHI to a government authority authorized by law to receive reports of abuse, neglect or domestic violence, if we believe you are a victim of abuse, neglect or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) authorized by law; or (c) agreed to by you and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.
- **Military and Veterans** – If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.
- **Research** – Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all residents who received one medication to those who received another, for the same condition. All research projects however are subject to a special approval process. This process evaluates a proposed need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project so long as the health information they review does not leave a facility.
- **Workers Compensation** – We may disclose health information about you for worker’s compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Reporting** – Federal and state laws may require or permit the organization to disclose certain health information related to the following:
  - **Public Health Risks** – We may disclose health information about you for public health purposes including:
    - < Prevention or control of disease, injury or disability
    - < Reporting deaths
    - < Reporting reactions to medications or problems with products
    - < Notifying people of recalls of products
    - < Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease
  - **Health Oversight Activities** – We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
  - **Judicial and Administrative Proceedings** – If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order and sometimes in response to other lawful processes such as a subpoena.
- **Law Enforcement** – We may disclose health information when requested by a law enforcement official:
  - < In response to a court order, subpoena, warrant, summons or similar process;
  - < To identify or locate a suspect, fugitive, material witness, or missing person;
  - < About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
  - < About a death we believe may be the result of criminal conduct;
  - < About criminal conduct at the Facility; and
  - < In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners and Medical Examiners** – We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person to determine the cause of death.
- **National Security and Intelligence Activities** – We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, or other national security activities authorized by law.
- **Correctional Institution** – Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

<b>Other Uses and Disclosures of Health Information</b>
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Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke

that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures that we have already made with your permission, and that we are required to retain our records of the care that we provided to you. Specifically, without your written authorization we will not use or disclose your health information for the following purposes: 1. Uses or disclosures for marketing purposes; and 2. Uses and disclosures that involve the sale of your protected health information.

Vera French CMHC providers do not use or maintain psychotherapy notes outside of your medical record.  
Vera French CMHC does not create or maintain a facility directory of clients.

### **Your Rights Regarding Health Information About You**

Although your health record is the property of the organization, the information belongs to you. You have the following rights regarding your health information:

**A. Right to inspect and copy.**

You have the right to request to inspect or copy health information used to make decisions about your care - whether they are decisions about your services or payment of your care. You must submit your request in writing to our Privacy Officer. If you request a copy of the information, we may charge you a fee for the cost of copying, mailing and supplies associated with your request. We may deny your request to inspect or copy your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request may be reviewed. Once the review is completed, we will honor the decision made by the licensed health care professional reviewer. If your health information is kept electronically, you have the right to receive an electronic copy of your health information subject to the restrictions set forth above.

**B. Right to amend.**

For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care - whether they are decisions about your service or payment of your care. To request an amendment, you must submit a written request to our Privacy Officer and tell us why you believe the information is incorrect or inaccurate. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend health information that:

- < was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;
- < is not part of the health information we maintain to make decisions about your care;
- < is not part of the health information that you would be permitted to inspect or copy; or
- < is accurate and complete.

If we deny your request to amend, we will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the health information that is the subject of your request. If you choose to submit a written statement of disagreement, we have the right to prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that is the subject of your request.

**C. Right to an accounting of disclosures.**

You have the right to request that we provide you with an accounting or list of disclosures we have made of your health information. This list will not include certain disclosures of your health information, *for example, those we have made for purposes of service, payment and health care operations; disclosure made to you or authorized by you; disclosures that are incident to another use or disclosure, etc.* To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. The request must state the time period for which you wish to receive an accounting. This time period should not be longer than six years and not include dates before April 14, 2003. The first accounting you request within a twelve month period will be free. For additional requests during the same 12 month period, we may charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before you incur any costs.

In addition to your right to an accounting of disclosures, we have a legal obligation to notify you if your protected health information is affected by any security breach that may occur.

**D. Right to request restrictions.**

You have the right to request a restriction on the health information we use or disclose about you. You may also ask that any part or all of your health information not be disclosed to family members who may be involved in your care or for notification purposes. We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency care. You must submit your request in writing to the Privacy Officer and list: what information you want to limit and to whom you want the limits to apply. The above notwithstanding, you have the right to request a restriction of disclosures to a health plan for payment or health care operations regarding any services you have paid for, in full, out of pocket and we are required to honor that request.

**E. Right to request confidential communications.**

You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. *For example, you may request that we contact you only at work.* To request such a confidential communication, you must make your request in writing to the Privacy Officer. We will accommodate all reasonable requests. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted.

**F. Right to a paper copy of this notice.**

You have the right to obtain a paper copy of this Notice of Privacy Practices. You may request a copy at any time by contacting the Privacy Officer or asking for one at any time that you are at one of our locations. A copy of the Notice of Privacy Practices is on our web site at [www.verafrenchmhc.org](http://www.verafrenchmhc.org).

**Changes to this Notice**

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future. We will post a copy of the current Notice of Privacy Practices at our primary business office and at each site where we provide services. You may also obtain a copy of the current Notice of Privacy Practices by calling us at 563-383-1900 and requesting a copy be sent to you in the mail or by asking for one any time you are at our business office or service sites.

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Vera French Community Mental Health Center or with the Secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. Our Privacy Officer will assist you with writing your complaint, if you request such assistance. We will not retaliate against you for filing a complaint.

To file a complaint with us, contact our Privacy Officer by telephone at 563-383-1900, by email at [privacy@verafrenchmhc.org](mailto:privacy@verafrenchmhc.org) or by mail at:

Vera French Community Mental Health Center  
Attn: Privacy Officer  
1441 West Central Park Avenue  
Davenport, IA 52804

This notice is in effect for all Vera French Community Mental Health Programs at all locations:

Effective 09-23-13

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