

AfS
Associates for
Psychiatric
Services, P.C.

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www.afpssc.com

**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

By signing this form I acknowledge that I have received the *Notice of Privacy Practices* from Associates for Psychiatric Services, P.C.

I understand that the *Notice of Privacy Practices* describes the allowed uses and disclosures of my protected health information by Associates for Psychiatric Services, P.C. and the rights I have regarding that information.

I have the right to review the *Notice of Privacy Practices* prior to signing this Acknowledgment and have the right to request a paper copy of the *Notice*.

I also understand that Associates for Psychiatric Services, P.C. has the right to change its *Notice of Privacy Practices* from time to time. The *Notice* will be posted within the office of Associates for Psychiatric Services, P.C. and paper copies will be available at the registration desk. The *Notice* is also posted electronically on the website of Associates for Psychiatric Services, P.C. at: www.afpssc.com

Patient Name: _____

Date: _____

Signature of Patient or Legal Representative

For Legal Representative, State Relationship to the Patient

Philip J. Muller, D.O.

Flynn J. McCullough, D.O.

Glenda DenHerder, A.R.N.P.

Collette S. McCullough, A.R.N.P.

Jeannie L. Franklin, A.R.N.P.

Brenda L. Cain, A.R.N.P.

Susan B. Richards, L.I.S.W.

Patricia R. Whalen, L.I.S.W.

ASSOCITES FOR PSYCHIATRIC SERVICES, P.C.

NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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

I. Your Rights

You have the following rights with respect to your protected health information:

- a. Get a copy of your paper or electronic medical record.
- b. Correct your paper or electronic medical record
- c. Request confidential communication
- d. Ask us to limit the information we share
- e. Get a list of those with who we've shared your information
- f. Get a copy of this privacy notice
- g. Choose someone to act for you
- h. File a complaint if you believe your privacy rights have been violated

II. Your Choices

You have some choices in the way that we use and share information as we:

- a. Tell family and friends about your condition
- b. Provide disaster relief
- c. Provide mental health care
- d. Market our services and sell your information

III. Our Uses and Disclosures

We may use and share your information as we:

- a. Treat you
- b. Run our organization
- c. Bill for your services
- d. Help with public health and safety issues
- e. Do research
- f. Comply with the law
- g. Work with a medical examiner or funeral director
- h. Address workers' compensation, law enforcement, and other government requests
- i. Respond to lawsuits and legal actions

I. Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. Your request must be in writing and provide rationale for the changes you request. Ask us how to do this.

We may say “no” to your request, but we’ll tell you in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. You must make your request in writing and explain how or where you wish to be contacted.

We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. Such a request must be in writing.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information. Such a request must be in writing.

Get a list of those with whom we’ve shared information

You can ask for a list (accounting) of the times we’ve shared your health information for six (6) years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting our Privacy Officer by phone at (712) 234-0220 or in writing, Attn: Privacy Officer, Associates for Psychiatric Services, 600 4th Street, Suite 501, Sioux City, Iowa, 51101.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hippa/complaints/.

We will not retaliate against you for filing a complaint.

II. Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and the choice to tell us to:

1. Share information with your family, close friends, or others involved in your care.
2. Share information in a disaster relief situation
3. Include your information in a hospital directory

If you are not able to tell us your preference, for example you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health and safety.

In these cases we never share your information unless you give us written permission:

1. Marketing purposes
2. Sale of your information
3. Most sharing of psychotherapy notes

III. Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: Information obtained by a nurse, physician or other member of your health care team will be recorded in your record and used to determine the course of treatment. Health care team members will communicate with one another personally and through the health record to coordinate care provided. We will also provide your physician or subsequent health care provider with copies of various reports that should assist him or her in treating you in the future.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may disclose health information about you to other qualified parties for their payment purposes.

How else can we use or share your health information?

We are allowed or required to share your information in other ways- usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hippa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

1. Preventing disease
2. Helping with product recalls
3. Reporting adverse reactions to medications
4. Reporting suspected abuse, neglect, or domestic violence
5. Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state, or federal laws require it, including with the Department of Health and Human Service if it wants to see that we're complying with the federal privacy law.

More Stringent Laws

The law of iowa may be more stringent than the federal privacy law (HIPPA) in several areas, including the disclosure of mental health information. State law is more stringent when the individual is entitled to greater access to records than under HIPPA or when under state law, the records are more protected from disclosure than under HIPPA. Certain federal laws may also be more stringent regarding disclosure than HIPPA. We will continue to abide by the more stringent state and federal laws.

Work with a medical examiner, funeral director, and coroners

We can share health information with a coroner, medical examiner, and funeral director consistent with applicable law to carry out their duties.

Address workers' compensation, law enforcement, and other government request

We can use or share health information about you:

1. For workers' compensation claims
2. For law enforcement purposes or with a law enforcement official
3. With health oversight agencies for activities authorized by law
4. For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Correctional Institutions

If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose to the correctional institution, its agents or the law enforcement official your health information necessary for your health or the health and safety of other individuals.

De-Identified Information

We may also create and distribute de-identified health information by removing all reference to individually identifiable information.

Appointment Reminders, Treatment Options, and Health-related Benefits

We may contact you to provide appointment reminder or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We have the right to notify you of third-party products or services without written authorization when:

1. The physician/provider receives no compensation for the communication.
2. The communication is face to face.
3. The communication involves a drug or biologic you are currently being prescribed and the payment is limited to reasonable reimbursement of the costs of the communication (no profit).
4. The communication involves general health promotion rather than the promotion of specific products or services.
5. The communication involves government or government-sponsored programs.

Business Associates

We may share your medical information with a third party “business associate” that performs various activities (e.g. billing, collection, electronic medical records, transcription) on our behalf. Whenever an arrangement between us and a business associate involves the use or disclosure of your health information, appropriate steps are taken to protect the privacy of your health information.

Decedents

We may make relevant disclosures to the deceased’s family member or other person under essentially the same circumstances that disclosures would have been allowed during the patient’s life. Privacy protections for a decedent’s records lapse after 50 years under federal law.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or disclose your health information without your written authorization, except as described in this Notice. Such authorization may be revoked in writing at any time except with respect to any actions we have taken in reliance on it.

For more information see:

www.hhs.gov/ocr/privacy/hippa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site:

www.afpssc.com

Effective Date of this Notice September 23, 2013

