



## **Notice of Privacy Practices and Confidentiality**

At the Des Moines Pastoral Counseling Center, we are committed to providing a safe, confidential and private setting for you. This notice describes how we make use of information about you, how it may be disclosed to others and how you can have access to this information. Please review it carefully. This information is also located on our web site, [www.dmpcc.org](http://www.dmpcc.org).

The Health Insurance Portability and Accountability Act (HIPAA) defines the nature of, protection for, and usage of information about you that is gathered during the course of your treatment. Its purpose is to assure the privacy and security of personal information regarding you, your health, and your treatment.

Your Protected Health Information (PHI) constitutes information provided by you or created by the Center that can be used to identify you. It contains data about your past, present or future health or condition, the provision of health care services to you, and payment for such health care. Examples of PHI are your name, address, phone number(s), health information, limited treatment information, health insurance information, payment/billing information, etc. PHI does not include therapist's personal psychotherapy session notes.

In agreeing to be a client of the Center, your signature indicates that you understand that we may use your PHI within the Center in order to facilitate your treatment, for billing/payment/insurance purposes, and for ongoing operations of the Center in its commitment to providing professional services to you.

### **HOW WE USE AND MAY DISCLOSE YOUR INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

- **Treatment**
  1. With your consent, we may use and share your PHI with health care providers for coordination and management of your treatment. Providers include other therapists, physicians, treatment facilities or other caregivers who provide service to you.
  2. We may use or share your PHI with anyone on our staff involved in your treatment.
  3. In the event of an emergency, and based on concern for your welfare, we may share your PHI with a family member, a personal responsible for your care or your personal representative. If you are present in such a case, we will give an opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment to disclose, with discretion, your PHI in your best interest at that time.
  4. To inform you about treatment options or health-related benefits or services.

- **Payment**

1. We may use your PHI to expedite billing and account management.
2. In order to receive payment from a third party payer for services we provide to you, with your consent, we may disclose the minimum necessary information about you and your health condition.

**Operations purposes**

1. We may use and share your PHI with our own staff in connection with the Center's operations. Examples include, but are not limited to: evaluating the effectiveness our staff, consultation/supervision with our staff, improving the quality of our services.
2. We may use or share your PHI with other professionals for the purpose of providing quality assurance; e.g., accountants, attorneys, consultants, etc. We require these persons to sign a confidentiality statement assuring us that they will protect any personal information.
3. We will **not** use your PHI in any of our Center's marketing development, public relations or related activities without your written authorization.

- **Other situations**

The law does mandate the Center to release information in several instances, usually having to do with your welfare or the welfare of others. Your therapist is a mandatory reporter as defined by the State of Iowa in cases of suspected child and dependent adult abuse. In such cases, state law requires the release of information without your consent. In the case of threats to harm self, others or property, your counselor may also be legally and/or ethically bound to notify others. Under some circumstances, we may also be ordered by a court of law to disclose information without your consent.

We may also be required by law to disclose PHI in certain public interest situations. Examples include protecting victims of abuse or neglect; preventing a serious threat to health or safety; or informing military or veteran authorities if you are an armed forces member. We may also be required to share your information with coroners/funeral directors or for organ and tissue donations; for workers' compensation; for national security; and as otherwise required by law.

Disclosure of your PHI beyond the Center is defined by federal and state law, as well as by the Code of Ethics statements of professional mental health accreditation associations.

In general, your privacy is protected by our policy that information about you can only be disclosed to another professional, legal authority, etc., with your permission and signature.

**Your rights with respect to your PHI**

- A. The right to review and receive a copy of your PHI.

Any requests to review your PHI must be made in writing. A response will be made within 30 days of your written request. Under certain circumstances, your counselor or the Center may feel obliged to deny your request. If so, we will give you, in writing, the reasons for the denial within 60 days. We will also explain your right to have the denial reviewed. The charge for a copy of your PHI will be not more than \$.25 per page.

B. The right to request limits on uses and disclosures of your PHI.  
You have the right to ask that the Center limit how your PHI is used and disclosed; however, you do not have the right to limit the uses and disclosures that the Center is legally required or permitted to make.

C. You have the right to choose how the Center sends your PHI to you and contacts you.  
It is your right to ask that your PHI be sent to you at an alternate address or by an alternate method.

You may ask us to contact you in a specific way, e.g. home, office or cellular phone, or by email by signing an email consent form.

D. You have the right to 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 PHI. We will make sure the person has this authority and can act for you before we take any action.

E. The right to receive a list of the disclosures made by the Center.  
You may request, in writing, a report of times the Center has disclosed your personal information for purposes other than treatment, payment or Center operations. All requests for an accounting of disclosures must state a time period that may not include a date earlier than six years prior to the date of the request.

F. The right to amend your PHI.  
You may ask the Center to amend your health information if you believe it is incorrect or incomplete. You must provide the Center with a reason that supports your request. We may deny your request if the information is accurate, or an otherwise allowed by law. You may send a statement of disagreement.

### **To Receive Information or to File a Complaint**

If you have any questions about our privacy policy or concerns about our privacy practices, please discuss your concern with your therapist or address your concern to our Privacy Officer, Jeanne Schossow, 515-274-4006.

You are entitled to file a written complaint about our privacy practices to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201.

This notice takes effect on April 14, 2003. We have the right to change our privacy policies at anytime, as permitted or required by law. When we change our policies, we will change this notice. When you are finished reading this notice, you may request a copy of it.

You have a right to receive a copy of these policies. Please ask one of the receptionists and a copy will be provided to you.