



NOTICE OF PRIVACY PRACTICES

Effective July 1, 2017

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.

We are required by federal and state law to maintain the privacy of your medical information and to give you our Notice of Privacy Practices (this “Notice”) that describes our privacy practices, our legal duties and your rights concerning your medical information. Specifically, ASAC is required to follow the federal HIPAA Privacy and Security rules (which are collectively sometimes referred to as the HIPAA Final Omnibus Rule.) As a federally funded substance abuse treatment program, ASAC is also required to follow the federal Substance Abuse Privacy Regulations, 42 CFR Part 2. In addition, ASAC follows Iowa law concerning mental health treatment and AIDS/HIV treatment information.

We are committed to protecting medical information about you. We need your medical information to provide you with quality care and services in addition to complying with the applicable legal requirements.

This Notice applies to and will be followed by all counseling staff, employees and other personnel of the Area Substance Abuse Council.

We reserve the right to revise or amend our Notice of Privacy Practices without additional notice to you. Any revision or amendment to this Notice will be effective for all of your records we have created or maintained in the past, and for any of your records we may create or maintain in the future. We will post a copy of our current Notice and any amended Notice at all of our locations and on our website.

OUR OBLIGATIONS TO YOU: *We are required by law to:*

- Make sure that medical information that identifies you is kept private except as otherwise provided by federal or state law.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Follow the terms of the notice that is currently in effect.
- Inform you of any unauthorized access, use or disclosure of your unencrypted confidential medical information in the event its privacy or security is compromised (i.e. in the event that a reportable breach occurs as provided by the HIPAA Final Omnibus Rule.) We will provide such notice to you without unreasonable delay but in no case later than sixty days after we discover the breach.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION:

Uses and Disclosures Without Your Written Consent or Authorization:

- Generally ASAC may not disclose to persons outside our facilities that a patient is being or has been treated at our facilities, or disclose any medical information about a patient unless
 - (i) the patient consents in writing;
 - (ii) the disclosure is required by court order;
 - (iii) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.
 - (iv) the disclosure is made to the Secretary of the Department of Health and Human Services to investigate our compliance with HIPAA.

- We may use your medical information within ASAC without a written consent or authorization as follows:
 - **For Treatment:** We may use medical information about you to provide you with medical treatment. We may share your medical information with doctors, therapists, or other ASAC staff who are involved in taking care of you, or provide services to you.
 - **For Payment:** We may use medical information about you so that treatment and services you receive at ASAC may be billed to you, an insurance company or a third party. For example, our billing department will use your medical information to prepare claims; however we will obtain your permission before disclosing your medical information to an outside party such as an insurance company.
 - **For “Health Care Operations”:** We may use your medical information for our “health care operations,” which include internal administration and planning and quality improvement and to evaluate the quality and competence of our clinical staff. We will limit our use of your medical information to the minimum amount necessary to achieve a permissible purpose.

- We may use your medical information for the following external uses or disclosures without your consent:
 - To tell you about treatment alternatives as long as we do not receive monetary compensation from a third party in doing so.
 - To contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you as long as we do not receive monetary compensation from a third party in doing so.
 - To provide information about you as required by federal or state law, or for public health purposes,
 - To certain entities or individuals, called business associates, who perform services to ASAC using your medical information. These entities are bound by the confidentiality requirements of the HIPAA Privacy and Security Rules and 45 CFR Part 2.
 - To law enforcement, if you commit a crime at ASAC or against any person who works at ASAC or if you threaten to commit such a crime.
 - To the Iowa Department of Human Services, if you are suspected of child abuse or neglect.

Uses and Disclosures With Your Written Consent or Authorization

For any purpose other than the ones described above, ASAC may only use or disclose your medical information when you grant us your written consent or authorization on a form provided by ASAC for that purpose.

YOUR RIGHTS: All requests to exercise the following rights must be in writing. We will follow written policies to handle requests, and we will notify you of our decision or actions and your rights. Contact the ASAC Privacy Officer using the contact information at the end of this Notice for more information or to obtain request forms.

Access to Medical Information. You may request to inspect and copy much of the medical information we maintain about you, with some exceptions. This includes most medical and billing records, but does not include psychotherapy notes. For any medical information maintained by us in electronic form, your written request may include a request to provide a copy in electronic form. In addition, we will transmit information from your electronic medical record directly to a person or entity of your choosing, if the request is made in writing and you sign an authorization. We will usually respond within 30 days of your request.

We may charge a fee for the costs of copying, mailing, and other supplies associated with your request.

Request for Restrictions. You have the right to request a restriction on how we use or disclose your medical information, including to someone who is involved in your care. We are not required to grant the request unless the disclosure is to a health plan or other payer for purposes of carrying out payment and you have paid for the services yourself in their entirety at the time the services are rendered.

Amendment. You may request that we amend certain portions of your medical information if you believe that it is incorrect or incomplete, including medical and billing records, but not psychotherapy notes. We may require you to give a reason to support your request. We are not required to make all requested amendments, but we will give each request careful consideration and will respond within 60 days of the request. We will deny a request for amendment if the information:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by ASAC
- Is not part of the information which you would be permitted to inspect or copy; or
- Is accurate and complete.

If we deny your request, we will provide you with a written explanation of the reason(s) and your rights.

Accounting. You have the right to receive a list of certain disclosures of your medical information made by us or our business associates for a period not to exceed six years. An accounting from paper records will not include disclosures for treatment, payment or health care operations. An accounting from your electronic medical record will include disclosures for treatment, payment and health care operations, for three years prior to the request. The first accounting in any 12-month period will be provided to you for free; you may be charged a fee for each subsequent list you request within the same 12-month period.

Confidential Communications. You have the right to request that we communicate with you about medical matters in a different manner or at a different place. We will agree to your request if it is reasonable, and you specify an alternative means or location to contact you.

Paper Notice. You are entitled to receive a written copy of this Notice at any time.

How to Exercise These Rights.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with ASAC using the contact information at the end of this Notice. You may also submit a complaint to the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

Questions. If you have questions about this Notice, please contact your counselor or the Privacy Officer at the telephone number listed below.

CONTACT INFORMATION

Privacy Officer/Senior Deputy Director
ASAC
3601 16th Ave. SW
Cedar Rapids, IA 52404
(319) 390-4611

Effective Date: April 14, 2003, Revised July 1, 2017