



228 W 2nd Street
Muscatine, IA 52761
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NOTICE OF POLICY TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Pearl City Psychiatry, PLLC is required by law to maintain the privacy of your health information and provide you with a description of our privacy practices. This notice will also describe your rights and certain obligations we have regarding the use and disclosure of your health information. Your health information is personal. We are committed to protecting your health information. We create a record of the care and services you receive at this office. We need this record to provide you with quality care and comply with certain legal requirements. This notice applies to all the records of your care generated by this office.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

The following describes the different ways that your protected health information may be used or disclosed by this office. Protected health information refers to information in your health record that could identify you. Below are some examples; however, not every possible use of disclosure is specifically mentioned. We are committed to use and disclose your protected health information that will generally fit within one of these categories:

- For Treatment: This is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider.
- For Payment: This is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your protected health information to your insurance carrier to determine eligibility and to obtain reimbursement for your health care services. We may also tell your health plan insurer about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover or continue to cover your treatment.
- For Healthcare Operations: These are activities that related to the performance and operation of our practice. Examples of healthcare operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination. We may use and disclose health information to provide you with appointment information. This may be done with voice mail, messages, and other mailings.
- Use: This applies only to activities within our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- Disclosure: This applies to activities outside of our office such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Pearl City Psychiatry, PLLC may use or disclose protected health information for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, in which we will obtain this authorization from you before releasing this information. You may revoke authorizations at any time; however, must be done in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose protected health information without your consent or authorization in the following circumstances:

- **Child Abuse:** If we have reasonable cause to suspect child abuse or neglect, we must report this suspicion to the appropriate authorities as required by law.
- **Adult and Domestic Abuse:** If we have reasonable cause to suspect you have been criminally abused, we must report this suspicion to the appropriate authorities as required by law.
- **Serious Threat to Health or Safety:** If you communicate to us a threat of physical violence against a reasonably identifiable third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, we may disclose relevant protected health information and take the reasonable steps permitted by law to prevent the threatened harm from occurring; this is our required "duty to warn." If we believe that there is an imminent risk that you will inflict serious physical harm on yourself, we may disclose protected health information for your safety.
- **Health Oversight Activities:** If we receive a subpoena or other lawful request, we must disclose the relevant protected health information pursuant to that subpoena or lawful request.
- **Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and we will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated or a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may use your protected health information to defend the office or to respond to a court order.
- **Law Enforcement:** We may release protected health information about you if required by law when asked to do so by a law enforcement official.
- **Worker's Compensation:** We may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and Provider's Duties

You have the following rights regarding the protected health information that this office maintains about you:

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information; however, we are not required to agree to a restriction that you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of protected health information by alternative means and at alternative locations (for example, you may want bills sent to another address due to your wish of not wanting family members knowing that you are receiving services with us). To request confidential communications, you must complete such request in writing and submit it to the Privacy Officer. We will

accommodate all reasonable requests.

- **Right to Inspect and Copy:** You have the right to inspect and/or obtain a copy of protected health information in our mental health and billing records used to make decisions about you for as long as the protected health information is maintained in the record. To inspect and/or obtain a copy of your protected health information, you must complete our request form and submit it to the Privacy Officer. If you request copies, we will charge you \$0.25 per page. We may deny your access to protected health information under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- **Right to Amend:** You have the right to request an amendment of protected health information for as long as it is maintained in the record. To request an amendment, you must submit this request in writing to the privacy officer. In addition, you must provide a reason that supports your request. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of the Notice from us upon request.

Provider Duties:

- We are required by law to maintain the privacy of protected health information and to provide you with a notice of our legal duties and privacy practices with respect to protected health information.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact the Privacy Officer at Pearl City Psychiatry, PLLC listed below. If you believe that your privacy rights have been violated and wish to file a complaint with us/our office, you may send your written complaint to Pearl City Psychiatry, PLLC. All complaints must be submitted in writing to:

Lindsay Chick, MSN, ARNP, PMHNP-BC
228 W. 2nd Street
Muscatine, Iowa, 52761

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on September 1, 2021. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that we maintain. If we revise our policies and procedures, we will post a copy of any revised notice in this office. You may request this information in writing at your appointment.