



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

This notice of Privacy Practices describes the privacy practices of Driftless Integrative Psychiatry. Driftless Integrative Psychiatry is required by law to protect the privacy of your health information. This Notice is provided to comply with the federal privacy regulations known as HIPAA. It describes how Driftless Integrative Psychiatry may use and disclose your health information. It also describes your rights and our responsibilities about uses or disclosures of your health information.

**Our Responsibilities:** We are required by law to maintain the privacy of your health information and to provide you with a notice about our legal duties and privacy practices concerning your health information. We are required to follow our Notice of Privacy Practices that is currently in effect. However, we reserve the right to change our Notice and to make you a new Notice effective for all health information we maintain. If we make changes to our Notice, we will notify you.

#### **Uses and Disclosures for Treatment, Payment, and Health Care Operation**

*Unless otherwise restricted by state law, Driftless Integrative Psychiatry may use or disclose your health information for the following purposes:*

**For Treatment Purposes** - "*Treatment*" refers to when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment is when we confer internally about your care with our internal health care providers or when we consult with another health care provider, such as your family physician or another health care professional about your care.

**For Payment Activities** - "*Payment Activities*" refers to when we seek payment for the health care services we provide. An example of our payment activities is when we disclose your health

information to your health insurer so we can be paid for our services. Another example is when we send our statement for services to you for payment.

**For Health Care Operations** - Our “*health care operations*” are activities that relate to our business. Examples of health care operations are quality assessment and improvement activities, including case management and care coordination, as well as business planning and development activities. Among our other business activities, we may contact you to remind you about your appointments with us. We may also contact you to give you information about treatment options or other health-related benefits and services we provide that may be of interest to you.

### **Uses and Disclosures Requiring Your Authorization**

We may use or disclose your health information for purposes other than treatment, payment, or health care operations if we obtain your authorization. An “*authorization*” is a written document that permits specific disclosures that are listed on the authorization you sign. If we need to use or disclose your health information for purposes other than treatment, payment, or health care operations, we will need to obtain an authorization from you unless the use or disclosure is otherwise required by law.

### **Uses and Disclosures of Your Information That Do Not Require Your Consent or Authorization**

In some situations, Driftless Integrative Psychiatry may use or disclose your health information without an additional consent or authorization. We may use or disclose your health information as required by law as long as the use or disclosure complies with and is limited by a particular law’s requirements. For example, in situations involving:

- **Public Health Activities.** We may disclose your health information to a public health authority where it is authorized by law to collect or receive health information to prevent or control disease, injury, or disability. For example, in cases of child abuse or neglect, if we believe that a child has been subjected to abuse or neglect, or if we observe a child being subjected to conditions which would result in abuse or neglect, we must report this to the proper governmental agency.

- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law, including, for example, health care system audits, investigations, and inspections and health care licensure matters.
- **Judicial and Administrative Proceedings.** Driftless Integrative Psychiatry may disclose your health information in responding to subpoenas, court orders, or other lawful requests related to legal proceedings in a court or before a governmental agency.
- **Law Enforcement.** We may disclose your health information if asked to do so by a law enforcement official in the following situations:
  - To respond to a court order, subpoena, warrant, summons, or similar types of requests from a law enforcement official.
  - In limited situations, to report abuse or domestic violence.
  - To report evidence of a crime occurring on the premises of any of our office locations.
  - In emergencies, to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.
- **Serious Threat to Health or Safety.** If you communicate to us a serious threat of physical violence against a person or the public, including a threat to yourself, we are permitted, consistent with applicable law and ethical standards, to communicate that threat to those who are reasonably able to prevent or lessen the threat, including the target of the threat or a law enforcement agency. Federal law and regulations do not protect any information about a crime committed by a patient either at one of our offices or against any person who works for us or about any threat to commit such a crime.
- **Emergency.** If you have a medical emergency, we will share information with medical professionals to assist them in providing necessary health care to you.
- **Specialized Government Functions.** We may use and disclose your health information for national security and intelligence agencies authorized by law. If you are a military member, we may disclose your health information to military authorities under certain circumstances.

- **Correctional Institution and Other Law Enforcement Custodial Situations.** If you are an inmate or in the custody of law enforcement, we may share your health information with a correctional institution as necessary for your health, the health and safety of others, for law enforcement within the correctional institution, and for the institution's administration, maintenance, safety, security, and good order.
- **Worker's Compensation.** If you file a worker's compensation claim, we must, on demand, make available records relevant to that claim to your employer, the insurance carrier, the worker's compensation court, and to you.

### Your Health Information Rights

You have the following rights regarding your health information:

- **Right to Request Restrictions.** You have the right to request limits on certain uses and disclosures of your health information as provided by law. However, Driftless Integrative Psychiatry is not required to agree to a restriction you request unless: (1) your request is to restrict disclosures to health plans (2) such requested restriction only limits disclosures made for the purpose of carrying out payment or health care operations; and (3) the requested restriction only limits disclosures relating to health care items or services for which you have paid Driftless Integrative Psychiatry out of pocket in full.
- **Right to Request Amendments.** You have the right to request a change to your health information if you believe the information is inaccurate or incomplete. However, under certain circumstances, Driftless Integrative Psychiatry may deny your request. On your request, we will discuss with you the details of the amendment process.
- **Right to Receive Confidential Communications.** You have the right to ask Driftless Integrative Psychiatry to communicate with you confidentially about your health information in certain ways or at certain locations, *and* we will accommodate all reasonable requests to do so. For example, you may not want a family member to know that you are being treated by us, so you may want our billing statements to be sent to a different address.
- **Right to Inspect and Copy.** You have the right to inspect or obtain a copy (or both) of your health information in our medical and billing records used to make decisions about you for as long as the information is maintained in the record. In some circumstances you may have the right to receive this information in an electronic format or have an electronic copy

sent to an entity or individual you have clearly, specifically, and conspicuously designated. We may deny your access to your 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 the denial review process.

- **Right to a Paper Copy.** You have the right to receive a paper copy of this Notice upon request, even if you have agreed to receive this notice electronically.
- **Right to Receive Notification of Certain Breaches.** You have the right to be notified by Driftless Integrative Psychiatry if your information is improperly used or disclosed. Generally, you will be notified about an improper use or disclosure of your information if (1) it was not secured by encryption or other means that follow federal standards, (2) your information was accessed, disclosed, or used in violation of federal laws, and (3) the access, disclosure, or use poses a significant risk of harm to your reputation, harm to you financially, or otherwise. This notification will contain important information about the breach and where you can obtain further information.

All requests to exercise these rights must be in writing. We follow written procedures to handle requests and notify you of our actions and your rights. You may request forms or exercise your rights by contacting us. You do not need to take any affirmative action to maintain your right to be notified about an improper use or disclosure of your information.

## **Complaints**

If you believe that your privacy rights have been violated or not adequately protected, please send your written complaint to Driftless Integrative Psychiatry at the following address:

Erica Burger, D.O., Privacy Officer  
Driftless Integrative Psychiatry  
20 North Second Street, Unit 1  
Lansing, Iowa 52151  
Phone: (563) 272-0858

You may also submit a complaint to the Secretary of the U.S. Department of Health and Human Services. The Privacy Officer can provide you the appropriate address for the Secretary upon request. You will not be retaliated against in any way for filing a complaint.