

Notice of Privacy Practices

Principles Counseling Group, LLC

PO Box 391 Alburnett, IA 52202

Note of Privacy Practices

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

Protected Health Information

While receiving care from us, information regarding your medical history, treatment, and payment for your health care may be originated and received by us. The information can be used to identify you and relates to your past, present, or future medical condition, receipt of health care, or payment for health care ("Protected Health Information").

How Your Information Is Maintained

We may maintain information in a variety of ways. This may include paper documents, electronic documents, data tapes, and images of various types and the use of email, secure messaging systems, electronic systems, the internet, cloud providers, and participation in third-party networks.

Our Responsibilities

Federal law imposes certain obligations and duties upon us as a covered healthcare provider concerning your Protected Health Information. Specifically, we are required to:

- Provide you with notice of our legal duties and our office's policies regarding the use and disclosure of your Protected Health Information;
- Maintain the confidentiality of your Protected Health Information by state and federal law;
- Honor your requested restrictions regarding the use and disclosure of your Protected Health Information unless, under the law, we are authorized or required to release your Protected Health Information without your authorization, in which case you will be notified within a reasonable period as allowed by law;
- Allow you to inspect and copy your Protected Health Information during our regular business hours;
- Act on your request to amend Protected Health Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension;
- Accommodate reasonable requests to communicate Protected Health Information by alternative means or methods; and
- Abide by the terms of this notice.

How Your Protected Health Information May be Used and Disclosed

Generally, your Protected Health Information may be used and disclosed by us only with your express written authorization. However, there are some exceptions to this general rule.

General Use

As part of our treatment, payment, and operations, we may also release information to business associates who perform various treatment, payment, or operation functions. If information is provided to another person or entity, such as another office or physician from whom you seek treatment, that office or physician may treat the information received as part of its protected information.

Treatment Purposes

We may use or disclose your Protected Health Information for treatment purposes. During your care, it may be necessary for various personnel involved in your care to have access to your Protected Health Information to provide you with quality care.

Situations may also arise when it is necessary to disclose your Protected Health Information to healthcare providers outside our office who may also be involved in your care or to facilitate referral to another provider. For example, we may inform your physician of your medications or provide other information for continuity of care.

Payment Purposes

We must use or disclose Protected Health Information so that the treatment and services we provide may be billed and collected from you, your insurance company, or another third-party payor. Your Protected Health Information may also be used or disclosed for payment purposes. For example, we may disclose your Protected Health Information to your health insurance carrier to obtain prior approval for a service. We may also release your Protected Health Information to another healthcare provider, individual, or entity covered by the HIPAA regulations who has a relationship with you for their payment activities. For example, we may disclose information to your health insurance carrier upon requesting additional information necessary to determine whether a service is covered.

Health Care Operations

Your Protected Health Information may also be used for healthcare operations, which are necessary to ensure our office provides the highest quality of care. For example, your Protected Health Information may be used for quality assurance or risk management purposes or disclosed to our accountant for auditing purposes. We may also release information to business associates performing various treatment, payment, or operation functions. We may, at times, remove information that could identify you from your record to prevent others from learning who the specific patients are.

Notification and Communications to Individuals Involved in Your Care

Unless you have informed us otherwise, your Protected Health Information may be used or disclosed by us to notify or assist in notifying a family member or other person responsible for your care. In most cases, Protected Health Information disclosed for notification purposes will be limited to your name, location, and general condition. In addition, unless you have informed us otherwise, Protected Health Information may be released to a family member, a relative, or a close personal friend who is involved in your care to the extent necessary for them to participate in your care. Please contact us if you wish for any of these uses or disclosures to be limited.

Marketing / Care Reminders

You may receive information such as appointment reminders from the office; however, your information will not be provided to third-party marketers, and the office will not sell your information to others for use and marketing processes without your specific authorization.

Psychotherapy Notes

If psychotherapy notes are maintained as part of your health information, those notes will not be used or disclosed except in limited circumstances without your authorization. Such authorization is unnecessary and will not be obtained if such notes are used by the person who created them, in a reasonable training program for the office, or as otherwise allowed by law.

Authorized by Law

Information will only be used/disclosed without your authorization as permitted by the applicable state or federal law. We may also use or disclose your protected health information without your authorization as permitted or required by law. Examples include public health activities, health oversight activities, judicial and administrative proceedings, abuse reporting, law enforcement, organ donation, medical examiners and coroners, and workers' compensation processes.

More Stringent Laws

Some of your Protected Health Information may be subject to other laws and regulations and afforded greater protection than what is outlined in this notice. For instance, HIV/AIDS, substance abuse, mental health information, and genetic information are often given more protection. We will comply with the applicable law if your Protected Health Information is afforded greater protection under federal or state law.

Other uses and disclosures of Protected Health Information not covered by this notice or the laws that apply to us will be made only with your written permission. For example, we need your written authorization to disclose your medical record to a family member (other than personal representatives as allowed by law). However, some information may be disclosed under limited circumstances without permission. We must also have your written authorization to disclose your Protected Health Information to an attorney representing you. Disclosures that constitute a sale of your Protected Health Information or uses and disclosures for marketing purposes also require your written authorization. If you give us permission to use or disclose Protected Health Information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose Protected Health Information about you for the reasons covered by your written authorization.

You understand that we cannot take back any disclosures we have already made with your permission and must retain our records of the care we provided.

Your Rights

Federal law grants you certain rights concerning your Protected Health Information. Specifically, you have the right to:

- Receive notice of our policies and procedures used to protect your Protected Health Information;
- Request that certain uses and disclosures of your Protected Health Information be restricted; provided, however, if we may release the information without your consent or authorization, we have the right to refuse your request;
- You may restrict disclosure to a health plan of your information where you have paid the full out-of-pocket costs for the services rendered. This restriction would apply only to those services where you had paid the full out-of-pocket costs; it would not apply to other information relating to treatment that was paid for by or submitted to an insurer;
- Access to your Protected Health Information; provided; however, the request must be in writing and may be denied in certain limited situations;
- Request that your Protected Health Information be amended;
- Obtain an accounting of certain disclosures by us of your Protected Health Information for the past six years;
- Revoke any prior authorizations or consents for the use or disclosure of Protected Health Information, except to the extent that action has already been taken;
- Request communications of your Protected Health Information are done by alternative means or at alternative locations; and
- Notification of any breach of unsecured Protected Health Information relating to you and actions you may take in relation to such a breach. Important Contact Information. This notice has been provided to you as a summary of how we will use your Protected Health Information and your rights concerning your Protected Health Information. If you have any questions or for more information regarding your Protected Health Information, please contact Dr. Treye Rosenberger at (319) 693.5694. Information can also be found on our website at www.mwrcounseling.com.

If you believe your privacy rights have been violated, you may file a complaint with our office by contacting Dr. Treye Rosenberger at 319-405-0517. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for the filing of a complaint. The website: www.HHS.gov (<http://www.hhs.gov/>)v (<http://www.hhs.gov/>) contains most reporting instructions and general information.

Effective Date

This notice becomes effective on January 1, 2023. Please note we reserve the right to revise this notice at any time. A current notice of our privacy practices may be obtained from Principles Counseling Group, LLC at principlescounselinggroupllc@hushmail.com