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Atlas Psychiatry Notice of Privacy Practices

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.

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

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operation purposes with your consent. To help clarify these terms, here are some definitions:

- a. “PHI” refers to information in your health record that could identify you.
- b. “*Treatment, payment, and health care operations*”
 - i. Treatment 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, such as your family physician or another mental health professional.
 - ii. Presently Atlas is out of network and is not contracted with insurance companies, however, disclosed PHI applies when payment is obtained through reimbursement for health care treatment. Examples of payment are when PHI is disclosed to your health insurer to obtain reimbursement for health care or to determine eligibility or coverage.
 - iii. Health care operations are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, and case management and care coordination.
- c. “Use” applies only to activities within our practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- d. “Disclosure” applies to activities outside our practice, such as releasing, transferring, or providing access to information about you to other parties.

2. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and 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, and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes we have made about our conversation during a private, group, joint or family counseling session, which we have kept separate from the rest of your medication record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is 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, and the law provides the insurer the right to contest the claim under the policy.

3. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- a. Child abuse:** When in our professional capacity, have received information which gives us reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect, we must report such to the county Department of Social Services, or to a law enforcement agency in the county where the child resides or is found. If we have received information in our professional capacity which gives us reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by acts or omissions that would be child abuse or neglect if committed by a parent, guardian, or other persons responsible for the child's welfare, but we believe that the act or omission was committed by a person other than the parent, guardian, or other persons responsible for the child's welfare, we must make a report to the appropriate law enforcement agency.
- b. Adult and domestic abuse:** If we have reason to believe that a vulnerable adult has been or is likely to be abused, neglected, or exploited, we must report the incident within 24 hours or the next business day to the appropriate authorities. We may also report directly to law enforcement personnel.
- c. Health oversight:** The State Board of Examiners has the power, if necessary, to subpoena our records. We are then required to submit to them those records relevant to their inquiry.
- d. Judicial or administrative proceedings:** If you are involved in a court proceeding and a request is made about the professional services we provided you or the records thereof, such information is privileged under state law, and we will not release information without your written consent or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- e. Serious threats to health or safety:** If you communicate to us the intention to commit a crime or harm yourself, we may disclose confidential information when we judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. In this situation, we must limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems.
- f. Workers' compensation:** If you file a workers' compensation claim, we are required by law to provide all existing information compiled by us pertaining to the claim to your employer, the insurance carrier, their attorneys, the state workers' compensation commission, or you.

4. Patient's Rights and Professional's Duties

PATIENT'S RIGHTS

- a. Right to request restrictions:** You have the right to request restrictions on certain uses and disclosures of PHI about you. However, we are not required to agree to a restriction you request.
- b. Right to receive confidential communications by alternative means and at alternative locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. On your request, we will send mail to another address).
- c. Right to inspect and copy:** You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI 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.
- d. Right to amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- e. Right to an accounting:** You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, we will discuss with you the details of the accounting process.
- f. Right to a paper copy:** You have the right to obtain a paper copy of the notice from us on request, even if you have agreed to receive the notice electronically.

PROFESSIONAL'S DUTIES

- a.** We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- b.** 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.
- c.** If we revise our policies and procedures, we will mail or email you a copy of the new notice.

5. 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 email us at office@atlaspsychiatrycr.com. If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to office@atlaspsychiatry.com. You may also send a written complaint to the secretary of the U.S.

Department of Health and Human Services. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

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

This notice will go into effect on January 1, 2021.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by email or mail.

SIGNATURES

I have read the NOTICE OF PRIVACY PRACTICES given to me by Matthew Huether, PMHNP-BC. I understand my rights and responsibilities and know that I may ask questions about my personal health information and its safekeeping at any time.

Signed: _____ Date: _____

Parents/Legal Guardians of Minors: My signature below indicates that I have read the NOTICE OF PRIVACY PACTICES on behalf of _____.

Signed: _____ Date: _____

Signed: _____ Date: _____