

# Brooke Martin Counseling, PC

## NOTICE OF PRIVACY PRACTICES

Effective Date: December 1, 2020

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

### **BROOKE MARTIN COUNSELING, PC COMMITMENT TO YOUR PRIVACY:**

Brooke Martin Counseling, PC understands that medical (health) information (also called protected health information, or PHI) about you is personal. I am committed to protecting health information about you. I create a record of the care and services you receive at Brooke Martin Counseling, PC which I need to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by Brooke Martin Counseling, PC, whether made by me or your personal doctor. If you are being treated by a doctor with a private practice outside of Brooke Martin Counseling, PC, your doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's practice.

This notice will tell you about the ways in which I may use and disclose medical information about you. I also describe your rights and certain obligations I have regarding the use and disclosure of healthcare information. I reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. My practice will post a copy of the current Notice in my office in a visible location at all times, and you may request a copy of the most current Notice at any time.

Brooke Martin Counseling, PC is required by law to:

- make sure that healthcare information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to healthcare information about you; and
- follow the terms of the notice that is currently in effect.

### **WHO WILL FOLLOW THIS NOTICE:**

This notice describes Brooke Martin Counseling, PC practices and that of:

- Any health care professional authorized to enter information into your health care record.
- Any member of a volunteer group I allow to help you while you are a client of Brooke Martin Counseling, PC.
- All Brooke Martin Counseling, PC sites and locations which are required by the "Health Insurance Portability & Accountability Act" will follow the terms of this notice. In addition, these entities, sites and locations may share healthcare information with each other for treatment, payment or health care operations purposes described in this notice.

## HOW I MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose healthcare information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories. HIV, genetic, alcohol, substance abuse and mental health records may have special confidentiality protections under the law. You may be asked to sign a special authorization before I can release such information.

- For Treatment: Brooke Martin Counseling, PC may use healthcare information about you to provide you with medical treatment or services. My practice may use your PHI to treat you. For example, I may use information to help me reach a diagnosis. Additionally, I may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, I may also disclose your PHI to other health care providers for purposes related to your treatment. However, your advance authorization would be required if you were expecting your mental health or substance abuse records from Brooke Martin Counseling, PC be sent to a treatment facility outside Brooke Martin Counseling, PC.
- For Payment: Brooke Martin Counseling, PC may use and disclose healthcare information about you so that the treatment and services you receive may be billed to you, an insurance company or a third party. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts. I may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- For Health Care Operations: Brooke Martin Counseling, PC may use and disclose healthcare information about you for health care operations. These uses and disclosures are necessary to run my programs and make sure that all of my patients receive quality care. For example, I may use health information to review my treatment and services and to evaluate performance. I may also combine information about many patients to decide what additional services Brooke Martin Counseling, PC should offer, what services are not needed, and whether certain new treatments are effective. I may also disclose information to other health care providers and entities to assist in their health care operations. I may also combine the information I have with health information from other providers to compare how I am doing and see where I can make improvements in the care and services I offer. I may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are. Additionally, in certain areas in my System, I may ask you to sign-in so that I know that you have arrived and are waiting for your appointment or test. I may call your name in a waiting room area to let you know that I am ready to see you.

- Appointment Reminders: I may use and disclose health information to contact you as a reminder that you have an appointment for treatment or health care at Brooke Martin Counseling, PC.
- Treatment Alternatives: I may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- Health-Related Benefits and Services: I may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.
- Individuals Involved in Your Care or Payment for Your Care: I may release health information about you to a friend or family member who is involved in your medical care. I may also give information to someone who helps pay for your care. I may also tell your family or friends your condition and that you are in the hospital. In addition, I may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- Research: Under certain circumstances, I may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before I use or disclose medical information for research, the project will have been approved through this research approval process, but I may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the health information they review does not leave Brooke Martin Counseling, PC. I will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at Brooke Martin Counseling, PC.
- As Required By Law: I will disclose health information about you when required to do so by federal, state or local law.
- To Avert a Serious Threat to Health or Safety: I may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**SPECIAL SITUATIONS:**

- Organ and Tissue Donation: If you are an organ donor, I may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- Military and Veterans: If you are a member of the armed forces, I may release health information about you as required by military command authorities. I may also release health information about foreign military personnel to the appropriate foreign military authority.
- Workers' Compensation: I may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- Public Health Risks: I may disclose health information about you for public health activities. These activities generally include the following:

- o to prevent or control disease, injury or disability;
- o to report births and deaths;
- o to report child abuse or neglect;
- o to report reactions to medications or problems with products;
- o to notify people of recalls of products they may be using;
- o to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- o to notify the appropriate government authority if I believe a patient has been the victim of abuse, neglect or domestic violence. I will only make this disclosure if you agree or when required or authorized by law.
- Health Oversight Activities: My practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, I may disclose health information about you in response to a court or administrative order. I may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- Law Enforcement: I may release health information if asked to do so by a law enforcement official:
  - o In response to a court order, subpoena, warrant, summons or similar process;
  - o To identify or locate a suspect, fugitive, material witness, or missing person;
  - o About the victim of a crime if, under certain limited circumstances, I am unable to obtain the person's agreement;
  - o About a death I believe may be the result of criminal conduct;
  - o About possible criminal conduct at my System; and
  - o In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- Coroners, Medical Examiners and Funeral Directors: I may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. I may also release health information about patients of Brooke Martin Counseling, PC to funeral directors as necessary to carry out their duties.
- National Security and Intelligence Activities: I may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Protective Services for the President and Others: I may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, I may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide

you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

- Serious threats to health or safety: My practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, I will only make disclosures to a person or organization able to help prevent the threat.

#### **YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU:**

You have the following rights regarding protected health information I maintain about you:

- Right to Inspect and Copy: You have the right to inspect and receive a copy of healthcare information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.
- To inspect and/or obtain a copy of healthcare information that may be used to make decisions about you. You must submit your request in writing to Brooke Martin Counseling, PC, 3500 Dodge St., Ste. 205, PO Box 117 Dubuque, IA 52003. If you request a copy of the information, I may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- I may deny your request to inspect and receive a copy in certain limited circumstances. If you are denied access to healthcare information, you may request that the denial be reviewed. Another licensed health care professional chosen by Brooke Martin Counseling, PC will review your request and the denial. The person conducting the review will not be the person who denied your request. I will comply with the outcome of the review.
- Right to Amend: If you feel that health information I have about you is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment for as long as the information is kept by or for Brooke Martin Counseling, PC.
- To request an amendment: Your request must be made in writing and submitted to Brooke Martin Counseling, PC, 3500 Dodge St., Ste. 205, PO Box 117 Dubuque, IA 52003. In addition, you must provide a reason that supports your request.
- I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if you ask me to amend information that:
  - o Was not created by me, unless the person or entity that created the information is no longer available to make the amendment;
  - o Is not part of the medical information kept by or for Brooke Martin Counseling, PC;
  - o Is not part of the information which you would be permitted to inspect and copy; or
  - o Is accurate and complete.
- Right to an Accounting of Disclosures: You have the right to request an accounting of disclosures I have made, if any, of your protected health information. This is a list of the disclosures I made of health information about you to individuals or entities when I was not required to obtain an authorization from you to release your protected health information. For example, in a situation where I was served with a subpoena requiring me to release the information.

To request this list or accounting of disclosures, you must submit your request in writing to Brooke Martin Counseling, PC, 3500 Dodge St., Ste. 205, PO Box 117 Dubuque, IA 52003. Your

request must state a time period, which may not be longer than six years and may not include dates before December 1, 2020. The first list you request within a 12-month period will be free. For additional lists, I may charge you for the costs of providing the list. I will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information I use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information I disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. By law, I am not required to agree to your request. If I do agree, I will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Brooke Martin Counseling, PC, 3500 Dodge St., Ste. 205, PO Box 117 Dubuque, IA 52003 . In your request, you must tell me (1) what information you want to limit; (2) whether you want to limit use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to Request Confidential Communications:** You have the right to request that I communicate with you about healthcare matters in a certain way or at a certain location. For example, you can ask that I only contact you at home or only by mail. To request confidential communications, you must make your request in writing to Brooke Martin Counseling, PC, 3500 Dodge St., Ste. 205, PO Box 117 Dubuque, IA 52003. I will not ask you the reason for your request. I will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a paper copy of this notice, or to ask any questions regarding this notice, by contacting Brooke Martin Counseling, PC, 3500 Dodge St., Ste. 205, PO Box 117 Dubuque, IA 52003 .

#### **CHANGES TO THIS NOTICE:**

I reserve the right to change this notice. I reserve the right to make the revised or changed notice effective for medical information I already have about you as well as any information I receive in the future. I will post a copy of the current notice in my office. The notice will contain, on the first page, the effective date. If I change this notice, I will offer you a copy of the current notice in effect when you register for health care services.

#### **COMPLAINTS:**

If you think I may have violated your privacy rights, or you disagree with a decision I have made about access to your protected health information, you may file a complaint with the Brooke Martin Counseling, PC, 3500 Dodge St., Ste. 205, PO Box 117 Dubuque, IA 52003 at (563) 552-0255. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

**OTHER USES OF MEDICAL INFORMATION:**

Other uses and disclosures of health information not covered by this notice or the laws that apply to you will be made only with your written permission. If you provide me permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission in writing, I will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that you are unable to take back any disclosures I have already made with your permission, and that I am required to retain my records of the care that I provided to you.

For more information, please visit:

<https://www.hhs.gov/hipaa/index.html>