

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This notice applies to the following offices:

- Catholic Charities of the Diocese of Sioux City. (Sioux City, Iowa)
- Catholic Charities of the Diocese of Sioux City. (Fort Dodge, Iowa)
- Catholic Charities of the Diocese of Sioux City. (Carroll, Iowa)
- Catholic Charities of the Diocese of Sioux City. (Spencer, Iowa)
- Catholic Charities of the Diocese of Sioux City. (Storm Lake, Iowa)

The above named offices will use and distribute this notice as their Notice of Privacy Practices and will follow the information described in this notice when using or disclosing records and information. The above clinics will share information with each other to carry out treatment, payment or health care operations as described in this notice.

Understanding your health information:

Each time you visit a clinic, psychiatrist, psychologist, therapist, or other health care provider, a record of your visit is made. This health record contains your medical history, symptoms, examinations, evaluation, test results, diagnosis, treatment, treatment plan, insurance billing, and employment record. This record also serves as a means of communication among other health care professionals who contribute to your care. The health record information is used by insurance companies and other third-party payers to verify the appropriateness of the billed service.

Our responsibilities:

We have certain responsibilities, these include:

- Maintaining the privacy of your health record.
- Providing you with a copy of this notice.
- Abiding by the terms of this notice.
- Notifying you if we are unable to agree to a requested restriction and accommodating reasonable requests you may have to communicate health information by alternative means or alternative locations.

If our information practices change we may change this notice. However, before we change our practices, we will post a copy of our new notice at all of our satellite offices for your review. The effective date of the notice will always appear at the end of the notice. We will not use or disclose your health information without your authorization, except as described in this notice.

Examples of using health Information for Treatment, Payment and Health Care Options are:

Treatment Purposes:

We will use and disclose your health information for treatment purposes. For example: Information obtained by a therapist, psychologist, psychiatrist, or other members of your health care team will be recorded in your health record. This record will be used to determine the appropriate course of treatment. Health care team members will communicate with one another personally and through the use of the health record to coordinate your care. We will provide your physician or health care providers with copies of various reports that assist him/her in treating you in the future.

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Payment Purposes:

We will use and disclose your health information for treatment purposes. For example: A statement will be sent to you or a third party payer. The information on the statement may include information that identifies you as well as your diagnosis and/or procedures. We may also disclose health information about you to other qualified parties for their payment purposes. This might include the ambulance that will be transporting you to another facility. We may disclose your health information to the ambulance provider for its billing purposes.

Health Care Operations:

We will use and disclose health information for health care operations. For example: Members of Catholic Charities of the Diocese of Sioux City. The information will be used to obtain the record to access the care and outcomes of your care. This information will assist us in improving the quality and effectiveness of the programs.

Teaching:

As a teaching clinic, therapy students may be assisting with your care under the supervision of a licensed health care provider as part of their personal health care training program.

Other Uses and Disclosures of Your Health Information:

We may use or disclose health information to notify or assist in not notifying a family member, personal representative, or another person responsible for your care of your location and general condition.

Communication with Family and Others:

We may disclose relevant health information to a family member, friend, or other persons involved in your care. We will only disclose this information if you agree or if in our professional judgement, it would be in your best interest to allow the person to receive the information or act on your behalf.

Business Associates:

There are some services provided at our satellite clinics that are provided through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates. We require the business associates to appropriately safeguard your information.

Appointment reminders:

Our agency may contact you as a reminder that you have an appointment for treatment or medical care.

Health Related Benefits and Services:

We may use and disclose health information to tell you about health related benefits or services that may be of interest to you.

Public Health:

We may disclose health information about you for public health activities. These activities may include the following:

- To prevent or control disease, injury, or disability.
- To appropriate authorities authorized to receive reports of abuse and neglect.
- To report reactions to medications or problems with products.
- To notify people about recalls of products they may be using.
- 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.
- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence. We will only make this disclose if you agree or when required or authorized by law.

Our agency may disclose health information about you for workers compensation or similar programs. These programs provide benefits for work related injuries or illness.

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If you are under custody of law or an inmate of a correctional facility, we may disclose to the institution or the law enforcement official your health information. This release would be necessary for the institution to provide you with health care to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

National Security and Intelligence Activities:

We may release medical information about you to an authorized federal official for intelligence, and other national security activities authorized by law. We may disclose health information if asked to do so by law enforcement official as required or permitted by law or in response to subpoena. We may disclose health information for activities authorized by law. These might include audits, inspections, licensure, and investigations. Our agency may disclose your health information if it is necessary to avoid a serious threat to the health and safety of another individual. We will disclose your health information as required by federal, state, or local law.

Lawsuits and Administrative Proceedings:

We may release your health information in response to a court or administrative order. In addition, we may provide information in response to a subpoena or other discovery request only after we have made efforts to tell you about this request or obtain an order protecting the information requested.

There are certain incidental uses or disclosures of your health information that may occur while we are conducting routine business. This might include identifying your name in a waiting area where other individuals may hear your name called. We will make all reasonable efforts to limit these incidental uses and disclosures.

As a Client You Have The Following Rights Regarding Your Health Information:

- You may request to look at your medical and billing records.
- You may request a copy. You are required to submit your request to Catholic Charities. If you request a copy of your records you will be charged a fee for the cost of copying and mailing.

You may request that your health information be amended if you feel the information is not correct. Your request must be in writing and you must provide rationale for the amendment. We have the right to deny your request and we will notify you in writing of our decision. We may deny your request if you ask us to amend information that was not created by Catholic Charities, is not part of the health information kept by or for the agency, is not part of the health information which you would be permitted to inspect and copy, and is accurate and complete.

Right to Request Restrictions:

You may request restrictions on how your health information is used for payment, treatment or health care options. We have the right to deny your request. If we agree to a restriction, the restriction may be lifted if use of the information is necessary to provide emergency treatment. To request a restriction, you must send a written request to your therapist informing us of the information you wish to restrict and to whom the restriction applies.

Right to Request Private Communication:

You may request that we contact you at a certain location or in a certain way. You must request in writing to the front desk where and how you would like to be contacted.

Right to a Paper Copy of This Notice:

You may request an additional paper copy of this notice at any time from the front desk.

You May Contact Catholic Charities of the Diocese of Sioux City at:
Catholic Charities of the Diocese of Sioux City, Attn: Medical Records
1601 Military Road
Sioux City Iowa 51103