

Notice of Privacy Practices

Illuminations, Inc.
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(515) 232-7157

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.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

The privacy of your health record is important to us. We understand that it's sensitive personal information and are committed to protecting it. We create a record of the care and services you receive in order to provide you with quality care and to comply with ethical and legal requirements. This notice will tell you about the ways we may use and share information about you. It also describes your rights and certain duties we have regarding the use and disclosure of your health record. We are required by law to provide you with this notice.

WHAT YOUR RECORD MAY CONTAIN

The information we collect from you is called **Protected Health Information (PHI)**. It is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services. It may be information about treatment, the treatment you got from others, or about payment for healthcare. We are required by law to maintain the privacy of your PHI.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Your personal mental health record will be retained for approximately ten years after your last clinical contact. After that time has elapsed, the record will be shredded, burned, or otherwise destroyed in a way that protects your privacy.

Unless there are compelling professional reasons, such as legal statutes or ethics, we will not use or disclose your PHI for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time in writing. Please see the section below on exceptions that allow us to release information without your consent.

For Treatment. Your record may contain information about your symptoms, diagnoses, treatment, and plan for future care or treatment. I may use it to plan your care and treatment, to decide how well treatment is working for you, when I talk with other healthcare professionals who are also treating you (such as your family doctor or the professional who referred you to me), or to measure the results of our work. I may disclose PHI to others only with your authorization, with certain exceptions (see below).

For Payment. We may use and disclose PHI so that we can receive payment for the services provided to you. This will only be done with your authorization. Examples of payment-related activities are contacting your insurance company to check your coverage, processing claims with your insurance company, and substantiating your need for treatment with your insurer. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support business activities including, but not limited to, employees of Illuminations, Inc. to facilitate the provision of administrative and professional services, quality assessment activities, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or transcription services), provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. I may contact you to provide appointment reminders or

information about treatment alternatives or other health-related benefits and services that may be of interest to you.

USES AND DISCLOSURES OF PHI THAT DO NOT REQUIRE YOUR CONSENT

We may use or disclose your PHI in the following circumstances without your consent or authorization. These situations include:

As Required by Law. We may use or disclose your PHI to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law. Upon your request, I must tell you of unauthorized disclosures. **Uses and disclosures permitted by law without an authorization may include, but are not limited to, abuse and neglect, legal proceedings, emergencies, family involvement in care, law enforcement, national security, public safety, and health oversight.**

Others Involved in Your Care. We may use or disclose PHI to family members that directly relates to that person's involvement in your care or payment for your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member of your location and general condition.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing.

- **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your PHI for treatment, payment, or health care operations, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- **Right of Access to Inspect and Copy.** You have the right to inspect and obtain a copy of information contained in a "designated record set" for as long as the PHI is maintained in the record. A "designated record set" contains medical and billing records or any other records used to make decisions about your care. Under federal and state laws, however, you do **not** have the right to inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. We may deny access to PHI under certain circumstances, for example, if doing so would constitute a substantial detriment to your treatment or would reveal the identity of persons or breach the trust or confidentiality of persons who have provided information upon an agreement to maintain their confidentiality. Illuminations, Inc. may also deny access when it is determined that access may endanger the life or physical safety of either you or another person. You will be informed in writing if Illuminations, Inc. is unable to satisfy your request, the reason for the denial, and your right, if any, to request a review of the decision. We charge a reasonable fee for copying, mailing, and supplies.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. Your request must be in writing and explain why the information should be amended.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures, if any, made without your consent. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Confidential Communication.** You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you have questions and would like additional information, contact Deb Carnine, L.I.S.W. at 515-232-7157. If you believe your privacy rights have been violated, you may file a written complaint with us and with the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

OUR DUTIES REGARDING INFORMATION ABOUT YOUR HEALTH

We are required by law to maintain the privacy of PHI, provide you with notice of our legal duties and privacy practices, and to abide by the terms of this notice. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website www.traumatx.com, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

The effective date of this Notice is January 11, 2011.

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I have read the preceding information and understand my rights as a client.

Client's Signature

Date

Client's Printed Name