

## NOTICE OF PRIVACY PRACTICES

## MASON ASSOCIATES LLC

This notice tells you how we make use of your health information at our Agency, how we might disclose your health information to others, and how you can get access to the same information.

Please review this notice carefully and feel free to ask for clarification about anything in this material you might not understand. The privacy of your health information is very important to us and we want to do everything possible to protect that privacy.

We have a **legal responsibility** under the laws of the United States and the state of Iowa to keep your health information private. Part of our responsibility is to give you this notice about our privacy practices. Another part of our responsibility is to follow the practices in this notice.

This notice takes effect on January 1, 2014 and will be in effect until we replace it.

We have the right to change any of these privacy practices as long as those changes are permitted or required by law.

Any changes in our privacy practices will effect how we protect the privacy of your health information. This includes health information we will receive about you or that we create here at Mason Associates LLC. These changes could also affect how we protect the privacy of any of your health information we had before the changes.

When we make any of these changes, we will also change this notice and give you a copy of the new notice.

When you are finished reading this notice, you may request additional copies. You may request a copy of this notice at any time in the future.

If you have any questions or concerns about the material in this document, please ask us for assistance.

### **Here are some examples of how we use and disclose information about your health information.**

We may use or disclose your health information:

1. To your physician or other healthcare provider who is also treating you.
2. To anyone on our staff involved in your treatment program.
3. To any person required by federal, state, or local laws to have lawful access to your treatment program.
4. To receive payment from a third party payer for services we provide for you.
5. To our own staff in connection with our Agency's operations. Examples of these include, but are not limited to the following: evaluating the effectiveness of our staff, supervising our staff, improving the quality of our services, meeting accreditation standards, and in connection with licensing, credentialing, or certification activities.
6. To anyone you give us written authorization to have your health information, for any reason you want. You may revoke this authorization in writing anytime you want. When you revoke an authorization it will only effect your health information from that point on.
7. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, we will give you an opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at that time. In so doing, we will only use or disclose the aspects your health information that are necessary to respond to the emergency.
8. You should know that there are certain situations in which your counselor is required by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, your counselor is not required to inform you of his/her actions in this regard. These situations are:
  - a. If you threaten grave bodily harm or death to yourself or to any person, your counselor is required by law to inform the intended victim and appropriate law enforcement agencies.
  - b. If a court order is given enquiring information about your case, your counselor may be required by law to provide the information specifically described in the order.
  - c. If you reveal information which give your counselor a reason to suspect child abuse or neglect, your counselor must report his/her knowledge or suspicions to the Department of Human Resources.
  - d. If you are in therapy by order of a court of law, the results of the treatment ordered may be revealed to the court.
  - e. If you bring civil or criminal charges against your counselor in court, or if you file an ethics complaint with a licensing board, your counselor is permitted to use your records to defend himself/herself against your charges or complaints.
  - f. If you reveal information which give your counselor a reason to suspect that a vulnerable adult or an elderly adult suffers from abandonment, exploitation, abuse, neglect, or self-neglect, your counselor must report his/her knowledge or suspicions to the Department of Health and Social Services.
9. If you do not pay for services rendered within timely manner your account may be sent to Collections. The Agency is authorized to give some information to the collection agent. We will not use your health information in any of our Agency's marketing, development, public relations, or related activities without your written authorization.

We cannot use or disclose your health information in any ways other than those described in this notice unless you give us written permission.

As a client of Mason Associates LLC you have these important rights:

- A. With limited exceptions, you can make a written request to inspect your health information that is maintained by us for our use.
- B. You can ask us for photocopies of the information in part "A" above.
- C. You have a right to a copy of this notice at no charge.
- D. You can make a written request to have us communicate with you about your health information by alternative means, at an alternative location. (An example would be if your primary language is not spoken at this Agency, and we are treating a child of whom you have lawful custody.) Your written request must specify the alternative means and location.
- E. You can make a written request that we place other restrictions on the ways we use or disclose your health information. We may deny any or all of your requested restrictions. If we agree to these restrictions, we will abide by them in all situations except those, which, in our professional judgment, constitute an emergency.
- F. You can make a written request that we amend the information in part "A" above.
- G. If we approve your written amendment, we will change our records accordingly. We will also notify anyone else who may have received this information, and anyone else of your choosing.
- H. If we deny your amendment, you can place a written statement in our records disagreeing with our denial of your request.
- I. You may make a written request that we provide you with a list of those occasions where we or our business associates disclosed your health information for purposes other than treatment, payment, or our Agency's operations. This can go back as far as six years, but not before April 1, 2003.
- J. If you request the accounting in "I" above more than once in a 12 month period we may charge you a fee based on our actual costs of tabulating these disclosures.
- K. If you believe we have violated any of your privacy rights, or you disagree with a decision we have made about any of your rights in this notice you may complain to us in writing to the following person:

Contact Office: HIPAA Privacy Officer,                      Johnson County  
Telephone: (319)339-6100  
Fax: (319)339-6149  
E-mail: [jlyness@co.johnson.ia.us](mailto:jlyness@co.johnson.ia.us)  
Address: 417 S. Clinton Street, Iowa City,                      IA 52240