

**PRIVACY PRACTICES OF FAMILY SYSTEMS**



1519 S Gilbert St - Iowa City, IA 52240 ♦ 4089 21<sup>st</sup> Ave SW, Ste 211 - Cedar Rapids, IA 52404

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**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS  
INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**If you have any questions about this Privacy Notice, please contact:  
Director of Support Services at 319-338-9212 ext. 124.**

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**I. Introduction**

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out services/treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights. This Notice further states the obligations we have to protect your health information.

“Protected health information” means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans, your employer or a health care clearinghouse. It may include information about your past, present or future physical or mental health or condition, the provision of your health care, and payment for your health care services.

**We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current Notice of Privacy Practices and we pledge to do our best to treat your PHI with the confidentiality and respect we have always accorded such information.**

**II. How We Will Use and Disclose Your Health Information**

We will use and disclose your health information as described in each category listed below. For each category, we will explain what we mean in general, but not describe all specific uses or disclosures of health information.

**A. Uses and Disclosures for Treatment, Payment and Operations**

**1. For Treatment.**

We may disclose your health information among our clinicians and other staff (including clinicians other than your therapist or principal clinician), who work at Systems Unlimited, Inc. For example, our staff may discuss your case in a meeting.

**2. For Payment.** We may use or disclose your health information so that the treatment and services you receive are billed to, and payment is collected from, Wellmark or other third party payer.

We may also disclose your health information to another health care provider so that provider can bill you for services they provided to you, for example an ambulance service that transported you to the hospital.

**3. For Health Care Operations.** We may use and disclose health information about you for our health care operations. These uses and disclosures are necessary to run our organization and make sure that the people we serve receive quality care. These activities may include, by way of example, quality assessment and improvement, reviewing the performance or qualifications of our staff, training students in service provision, licensing, accreditation, business planning and development, and general administrative activities. We may combine health information of many of the people we serve to decide what additional services we should offer, what services are no longer needed, and whether certain services/treatments are effective.

**C. Additional Uses and Disclosures That May be Made:**

**1. Emergencies.** We may use and disclose your health information in an emergency treatment situation. By way of example, we may provide your health information to a paramedic who is transporting you or your child in an ambulance. If a clinician is required by law to treat you and your treating clinician has attempted to obtain your authorization but is unable to do so, the treating clinician may nevertheless use or disclose your health information to treat you.

**2. As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.

**3. Disclosures in Legal Proceedings.** We may disclose health information about you or your child to a court or administrative agency when a judge or administrative agency orders us to do so. We also may disclose health information about you in legal proceedings without your permission or without a judge or administrative agency's order when we receive a subpoena for your health information.

**4. Law Enforcement Activities.** We may disclose health information to a law enforcement official for law enforcement purposes when:

- a. a court order, subpoena, warrant, summons or similar process requires us to do so; or
- b. the information is needed to identify or locate a suspect, fugitive, material witness or missing person; or
- c. we report a death that we believe may be the result of criminal conduct; or
- d. we report criminal conduct occurring on our premises; or
- e. we determine that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person; or
- f. the disclosure is otherwise required by law.

We may also disclose health information about a person served who is a victim of a crime, without a court order or without being required to do so by law. However, we will do so only if the disclosure has been requested by a law enforcement official and the victim agrees to the disclosure or, in the case of the victim's incapacity, the following occurs:

- a. the law enforcement official represents to us that (i) the victim is not the subject of the investigation and (ii) an immediate law enforcement activity to meet a serious danger to the victim or others depends upon the disclosure; and
- b. we determine that the disclosure is in the victim's best interest.

**5. To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or

safety of the public or another person. Under these circumstances, we will only disclose health information to someone who is able to help prevent or lessen the threat.

**6. Organ and Tissue Donation.** If you are an organ donor, we may release your health information to an organ procurement organization or to an entity that conducts organ, eye or tissue transplantation, or serves as an organ donation bank, as necessary to facilitate organ, eye or tissue donation and transplantation.

**7. Public Health Activities.** We may disclose health information about you as necessary for public health activities including, by way of example, disclosures to:

- a. report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
- b. report vital events such as birth or death;
- c. conduct public health surveillance or investigations;
- d. report child abuse or neglect;
- e. report certain events to the Food and Drug Administration (FDA) or to a person subject to the jurisdiction of the FDA including information about defective products or problems with medications;
- f. notify consumers about FDA-initiated product recalls;
- g. notify a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease or condition;
- h. notify the appropriate government agency if we believe you have been a victim of abuse, neglect or domestic violence. We will only notify an agency if we obtain your agreement or if we are required or authorized by law to report such abuse, neglect or domestic violence.

### **III. Uses and Disclosures of Your Health Information with Your Permission.**

Uses and disclosures not described in Section II of this Notice of Privacy Practices will generally only be made with your written permission, called an “authorization.” You have the right to revoke an authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your health information under that authorization, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

### **IV. Your Rights Regarding Your Health Information.**

#### **A. Right to Inspect and Copy.**

You have the right to request an opportunity to inspect or copy health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records, but not psychotherapy notes.

You must submit your request in writing to our Director of Support Services at 1519 S. Gilbert St., Iowa City, IA 52240. If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request.

#### **B. Right to Amend.**

For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records, but not psychotherapy notes.

#### **C. Right to an Accounting of Disclosures.**

You have the right to request that we provide you with an accounting of disclosures we have made of your or your child’s health information. An accounting is a list of disclosures.

**D. Right to Request Restrictions.**

You have the right to request a restriction on the health information we use or disclose about you or your child for treatment, payment or health care operations. To request a restriction, you must request the restriction in writing addressed to the Director of Support Services at Systems Unlimited, Inc.

We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment or disclosure is required by law or for billing purposes.

**F. Right to a Paper Copy of this Notice.**

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. .

**V. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our office at 1519 S. Gilbert St., Iowa City, IA 52240. You may also call, 319-338-9212 or e-mail us at HIPPA@sui.org. All complaints must be submitted in writing.

Our Privacy Officer, the Director of Support Services, who can be contacted at the above address will assist you with writing your complaint, if you request such assistance.

We will not retaliate against you for filing a complaint.

**VI. Changes to this Notice**

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future.