

Graceland University Counseling

Newcom Building, Office 20
1 University Pl., Lamoni, IA 50140

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 24 August 2025.

NOTICE OF PRIVACY PRACTICES (This notice went into effect on 24 August 2025)

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

I. THE THERAPIST'S PLEDGE REGARDING HEALTH INFORMATION: The therapist understands that health information about you and your health care is personal, and is committed to protecting health information about you. They will create a record of the care and services you receive, and need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which the therapist may use and disclose health information about you, and describe your rights to the health information, as well as describe certain obligations they have regarding the use and disclosure of your health information.

The therapist is required by law to:

- Make sure that protected health information (PHI) that identifies you is kept private, including medical records and demographic information.
- Give you this notice of their legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- They can change the terms of this Notice, and such changes will apply to all information they have about you. The new Notice will be available upon request, in their office, and on their website.

II. HOW THE THERAPIST MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that the therapist can use and disclose health information. Not every use or disclosure in a category will be listed, however, all of the ways they permitted to use and disclose information will fall within one of these categories.

- **For Health Care Operations:** Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the client to use or disclose the client's personal health information without the client's written authorization, to carry out the therapist's own treatment or health care operations. They may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if the therapist were to consult with another licensed health care provider about your condition, they would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist them in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order

to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

- **Lawsuits and Disputes:** If you are involved in a lawsuit, the therapist may disclose health information in response to a court or administrative order. They may also disclose health information about your child (if applicable) 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.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** The therapist keeps "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
a) For their use in treating you; b) For their use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy; c) For the therapist's use in defending themselves in legal proceedings instituted by you; d) For use by the Secretary of Health and Human Services to investigate the therapist's compliance with HIPAA; e) Required by law and the use or disclosure is limited to the requirements of such law; f) Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes; g) Required by a coroner who is performing duties authorized by law; h) Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** The therapist will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** The therapist will not sell your PHI in the regular course of their business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, the therapist can use and disclose your PHI without your Authorization for the following reasons:

1. If you threaten or attempt to commit suicide or otherwise conduct yourselves in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If you threaten grave bodily harm or death to another person.
3. If there is reasonable suspicion that you, or another named victim, are the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse of minors, the elderly, or other dependent adults.
4. Suspected neglect of the parties named in item #3.
5. If you are in therapy by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
6. For health oversight activities, including audits and investigations.
7. For judicial and administrative proceedings, including responding to a court or administrative order, although the therapist's preference is to obtain an Authorization from you before doing so.
8. For law enforcement purposes, including reporting crimes occurring on the university's premises.
9. To coroners or medical examiners, when such individuals are performing duties authorized by law.
10. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.

11. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
12. For workers' compensation purposes. Although the therapist's preference is to obtain an Authorization from you, they may provide your PHI in order to comply with workers' compensation laws.
13. Appointment reminders and health related benefits or services. The therapist may use and disclose your PHI to contact you to remind you that you have an appointment. They may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that they offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others. The therapist may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. *The Right to Request Limits on Uses and Disclosures of Your PHI.* You have the right to ask the therapist not to use or disclose certain PHI for treatment or health care operations purposes. They are not required to agree to your request, and may say "no" if they believe it would affect your health care.
2. *The Right to Choose How the Therapist Send PHI to You.* You have the right to ask the therapist to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and they will agree to all reasonable requests.
3. *The Right to See and Get Copies of Your PHI.* Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that the therapist has about you. They will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request.
4. *The Right to Get a List of the Disclosures the Therapist Has Made.* You have the right to request a list of instances in which the therapist has disclosed your PHI for purposes other than treatment or health care operations, or for which you provided them with an Authorization. They will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list they will give you will include disclosures made in the last six years unless you request a shorter time.
5. *The Right to Correct or Update Your PHI.* If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that the therapist correct the existing information or add the missing information. They may say "no" to your request, but they will tell you why in writing within 60 days of receiving your request.
6. *The Right to Get a Paper or Electronic Copy of this Notice.* You have the right to get a paper copy and/or electronic copy of this notice.