



Belin-Blank Center
Department of Education
University of Iowa
600 Blank Honors Center
Iowa City, Iowa 52242
319-335-6148
uiowa.edu

ASSESSMENT AND COUNSELING CLINIC

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.

Our Legal Responsibility

As your health care provider, we are legally required to protect the privacy of your health information, and to provide you with this Notice about our legal duties, privacy practices, and your rights with respect to your health information. This requirement applies to all patients served by Assessment and Counseling Clinic of the Belin-Blank Center for Gifted Education and Talent Development (B-BC ACC), a unit of the College of Education.

This Notice applies to health information held by both entities.

Your Protected Health Information

Throughout this Notice we will refer to your protected health information as PHI. Your PHI includes data that identifies you and reports about the care and services you receive at B-BC ACC. Examples of PPHI include information about your diagnosis, medications, insurance status and policy number, payment information, social security number, address, and other demographic information.

This Notice about our privacy practices explains how, when, and why we use and share your PHI. We may not use or disclose any more of your PHI than is necessary for the purpose of the use or disclosure, with some exceptions.

Changes to this Notice

We are required to follow the terms of the Notice currently in effect. We have the right to change the terms of this Notice and our privacy policies and practices. Any changes will apply to your past, current, or future PHI. When we make an important change to our policies, we will change this Notice and post a new Notice on our website (belinblank.org/clinic). We will post the Notice as required by law and will have a copy of the revised Notice in the places where we provide medical services. The Notice will contain the effective date on the last page. You may also ask for a copy of our current Notice at any time from the B-BC ACC.

Uses and Disclosures of Protected Health Information Without Your Authorization

We are allowed by law to use and share your health information with others without your consent for many reasons. These examples describe the categories of our uses and disclosures we may make without your permission. Please note that not every use or disclosure in each category is listed and these are general descriptions only. Where state or federal law restricts one of the described uses or disclosures, we follow the requirements of such law.

- *Treatment* – We may use and disclose medical information about you to other health care professionals who are involved in your care.

For example, if you are in therapy with a provider and being evaluated by another provider, we may share information as necessary for treatment decisions. Different health care professionals also may share information about you to coordinate your care. In addition, we may send information to the physician who referred you to B-BC ACC, or other health care providers not affiliated with B-BC ACC who are involved in your care.

Uses and Disclosures of Protected Health Information Without Your Authorization (continued)

- *Payment* – We may use and disclose your PHI to bill and collect payment for the treatment and services we provided to you. For example, we may provide PHI to an insurance company or other third party payor to get approval for treatment. We may also share your health information with another provider that has treated you so that they can bill you, your insurance company, or a third party.

- *Health care operations* – We may use and disclose your PHI as part of our routine operations. For example, we may use your PHI to evaluate the quality of services you received or to evaluate the performance of professionals who cared for you. We may also disclose information to other providers, doctoral students, and other B-BC ACC personnel as part of our educational mission. In some cases, we will furnish other qualified parties with your medical information for their health care operations.

- *Business associates* – We may share your health information with others called “business associates,” who perform services on our behalf. The business associate must agree in writing to protect the confidentiality of the information. For example, we may share your PHI with testing companies that provide services for administering and scoring assessments.

- *Appointment reminders and health-related benefits or services* – We may use your PHI to give you appointment reminders or information about treatment alternatives or other health care services. If you give us your mobile telephone number, we may contact you by phone or text message at that number for treatment and quality-related purposes such as appointment reminders, wellness checks, registration instructions, etc. We will identify B-BC ACC as the sender of the communication and offer you a way to “opt out” and not receive further communication in this manner.

- *Public health activities* – We may disclose medical information about you for public health activities. These activities may include disclosures:

- o To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability
- o To appropriate authorities authorized to receive reports of child or dependent adult abuse and neglect
- o 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

- *Law enforcement* – We may disclose certain medical information to law enforcement authorities for law enforcement purposes, such as:

- o As required by law, including reporting certain wounds and physical injuries
- o In response to a court order, subpoena, warrant, summons, or similar process
- o To identify or locate a suspect, fugitive, material witness, or missing person
- o About the victim of a crime if we obtain the individual’s agreement, or under certain limited circumstances, if we are not able to get the individual’s agreement
- o To alert authorities of a death we believe may be the result of criminal conduct
- o Information we believe is evidence of criminal conduct occurring on our premises
- o In emergency circumstances to report a crime; the location of the crime or victims or the identity, description, or location of the person who committed the crime

- *Threats to health or safety* – Under certain circumstances, we may use or disclose your medical information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is needed to prevent or lessen the threat and is to a person reasonable able to prevent or lessen the threat (such as the target) or is needed for law enforcement authorities to identify or apprehend an individual involved in a crime.

- *Abuse, neglect, or domestic violence* – We may notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence. Unless such disclosure is required by law (for example, to report a particular type of injury), we will only make this disclosure if you agree.

Uses and Disclosures of Protected Health Information Without Your Authorization (continued)

- *Judicial and administrative proceedings* – If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

- *Health oversight activities* – We may disclose PHI to a health oversight agency for audits, investigations, inspections, licensure, and other activities, as authorized by law. For example, we may disclose PHI to the Food and Drug Administration, state Medicaid fraud control, or the U.S. Department of Health and Human Services Office for Civil Rights.

- *Research studies* – Under certain circumstances, we may disclose your PHI to help conduct research, subject to certain safeguards. Research may involve finding a cure for an illness or helping to determine the effectiveness of treatments. In research studies, a Privacy Board or Institutional Review Board ensures that measures are in place to protect your identity from disclosure to organizations outside



of B-BC ACC. We may disclose medical information about you to people starting a research project, but the information will stay on site.

- *Organ or tissue donation* – We may use your PHI to notify organ donation organizations, and to assist them in organ, eye, or tissue donation and transplants.
- *Deceased individuals* – We are required to have safeguards to protect your medical information for 50 years after your death. After your death we may disclose medical information to a coroner, medical examiner, or funeral director as necessary for them to carry out their duties and to a personal representative (for example, the executor of your estate). We may also release your medical information to a family member or other person who acted as personal representative or was involved in your care or payment for care before your death, if relevant to such person's involvement, unless you have expressed a different preference.
- *Workers' compensation purposes* – We may disclose PHI about you to your employer or others as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- *National security and intelligence activities* – We may release PHI to authorized federal officials when required by law. This information may be used to protect the president, other authorized persons, or foreign heads of state, to conduct special investigations, for intelligence and other national security activities authorized by law.
- *Incidental uses and disclosures* – There are certain incidental uses or disclosures of your information that happen while we are providing service to you or conducting our business. For example, when you get to the clinic, staff may need to use your name to greet you in the waiting room. Other individuals waiting in the same place may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.
- *Required by law* – We will use and disclose your information as required by federal, state, or local law.
- *Disaster relief* – We may also share medical information about you with an organization helping in a disaster relief effort.

Uses and Disclosures for Which You Have the Opportunity to Object

- *Health care affiliates/alliances* – We participate in a variety of electronic health information data sharing agreements with other health care providers, public health organizations, and payors. These data sharing arrangements are to facilitate treatment, improve health care operations, and allow for an analysis of care in all settings. These data sharing arrangements are designed to make sure appropriate protections are in place and stop the inappropriate release of your PHI. If you do not wish to be in these data sharing arrangements, please tell our Privacy Officer at the contact information listed at the end of this Notice.

Uses and Disclosures for Which You Have the Opportunity to Object (continued)

- *Fundraising* – We may use your PHI in efforts to raise money for B-BC ACC. We may give your PHI to the University of Iowa Center for Advancement for this purpose. If you do not want B-BC ACC to contact you for fundraising efforts, please tell our Privacy Officer at the contact information listed at the end of this Notice or respond to any opt out process provided with each fundraising communication.
- *Disclosures to family, friends, or others* – We may provide your PHI to a family member, friend, or other person you tell us is involved in your care or involved in the payment of your health care, unless you object in whole or in part. If you are not able to agree or object to such a disclosure, we may disclose such information as needed if we decide that it is in your best interest. This could include sharing information with your family or friend so they can pick up a prescription or a medical supply.

Uses and Disclosures Requiring Your Authorization

There are many uses and disclosures we will make only with your written authorization. These include:

- *Uses and disclosures not described above* – We will get your authorization for any use or disclosure of your medical information that is not described in the earlier examples.
- *Psychotherapy notes* – Use or disclosure of notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy that are kept separate from our electronic medical record require your authorization.



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- *Marketing* – We will not use or disclose your medical information for marketing purposes without your authorization. If we will receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.
- *Sale of medical information* – We will not sell your medical information to third parties without your authorization. Any such authorization will state that we will receive remuneration in the transaction. If you give authorization, you may change it at any time by giving us notice following our authorization policy and the instructions in our authorization form. Your revocation will not be effective for uses and disclosures made in reliance on your prior authorization.

Your Rights Regarding PHI

You have the right to:

- *Request restrictions* – You can ask us not to use or share certain PHI for treatment, payment, or health care operations purposes. For example, when you have paid for your services out of pocket in full, at your request we will not share information about those services with your health plan (the organization that pays for your medical care), as long as such disclosure is not required by law. For all other requests, we will consider your request, but we are not legally required to accept it. If we accept your request, we will document any limits in writing and follow them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. To request a restriction, notify the Privacy Officer listed at the end of this Notice.
- *Request confidential communications* – You can ask that we send PHI to you at a different address or contact you about your health information in a certain way. For example, you may wish to have appointment reminders and test results sent to a PO Box or a different address than your home address.

We will say “yes” to reasonable requests that give specific directions of the alternative. To make a request, contact the Privacy Officer at the address listed at the end of this Notice. You do not need to give a reason for your request.

Your Rights Regarding PHI (continued)

- *Inspect and copy* – You have the right to inspect and get a copy of much of the medical information that we maintain about you, with some exceptions. Usually, this information includes the medical record and billing records. There are certain conditions on which we may deny your request. If we maintain the medical information electronically and you ask for an electronic copy, we will provide the information to you in the form and format you request, if it is readily producible. If we cannot readily get the record in the form and format you request, we will give it in another readable electronic format or paper copy we both agree to. If you direct us to send your medical information to another person, we will do so if your signed, written direction clearly states the recipient and location for delivery. To see or get a copy of medical or billing information, please submit your request in writing to clinic staff at bbc-clinic@uiowa.edu. We will normally respond to your request within 60 days but may need longer in certain cases. You may be charged a fee as allowed by law to cover certain costs needed to meet your request.

- *Accounting of disclosures* – You have the right to obtain a list of certain instances in which we have disclosed your PHI. You may ask for this list for the prior six years. We will give the times we have shared your PHI, who we shared it with, and why. The list will not include uses or disclosures that you have specifically authorized in writing, such as copies of records to your attorney or to your employer, or disclosures for treatment, payment, or health care operations and certain other types of disclosures.

Please send your request in writing to the Privacy Officer listed at the end of this Notice. We will offer one list a year free but will charge a reasonable cost-based fee if you ask for another list within twelve months.

- *Amendment* – You have the right to ask us to change certain medical information that we keep in your records if you think that information is inaccurate or incomplete. You may ask for an amendment for as long as that record is maintained. You may submit a written request for an amendment to the Privacy Officer listed at the end of this Notice. B-BC ACC may say “no” to certain requests, but we will tell you in writing within 60 days why we denied your request.

- *Paper copy of this Notice* – You can ask for a paper copy of this Notice at any time, even if you have asked to get it electronically. You may pick up a copy from the B-BC ACC front desk or ask that a copy be sent to you.

- *Notification in the case of breach* – We are required by law to notify you of a breach of your unsecured medical information. We will provide such notification to you without unreasonable delay but in no case later than 60 days after we discover the breach.

- *How to exercise these rights* – All requests to exercise these rights must be in writing. We will respond to your request on a timely basis following our written policies and as required by law. Contact the offices noted below in this Notice to get request forms or ask questions.



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Revocation of Permission

If you provide us with permission to use or disclose your medical information, you may revoke that permission at any time. Please make your request in writing to the Privacy Officer at the contact information listed at the end of this Notice.

If you remove your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written revocation. We are not able to take back any disclosures previously made with your permission.

Complaints and Questions

If you believe your privacy rights have been violated, you may file a complaint with the Assessment and Counseling Clinic, University of Iowa Health Care, or the Secretary of the U.S. Department of Health and Human Services.

To file a complaint about our privacy practices or ask questions about this Notice, notify:

University of Iowa Belin-Blank Center Assessment and Counseling Clinic Privacy Officer
600 Blank Honors Center | Iowa City, IA 52242
319-335-6148 | 800-336-6463 (toll-free)
bbc-clinic@uiowa.edu

or

University of Iowa Hospitals & Clinics Privacy Officer
200 Hawkins Drive, 1309B JCP | Iowa City, Iowa 52242-1009
319-384-8282
compliance@healthcare.uiowa.edu

You will not be penalized for filing a complaint, and your care will not be compromised.

Contact Information

For:

Inspection and copying of your billing records
Requesting a restriction
Requesting an accounting of disclosures
Opting out of fundraising, opting out of data sharing

Contact: bbc-clinic@uiowa.edu

For:

Inspection and copying of your medical record
Amending your record
Revoking your permission to disclose your medical information

Contact: Your provider

If you would like to file a complaint with the Secretary of the U.S. Department of Health and Human Services, please contact:

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue S.W.
Room 509F HHH Building
Washington, D.C. 20201
1-800-368-1019
www.hhs.gov/ocr/privacy/hipaa/complaints/