



NOTICE OF INFORMATION PRACTICES

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

Protected Information

While working with Foundation 2, information regarding your medical history, treatment, social history and other issues including payment for services may be created or received by us. Information which can be used to identify you relating to your medical care or payment for your medical care is protected by state and federal law ("Protected Health Information or Protected Information").

Your Rights

Federal law grants you certain rights with respect to your Protected Information. Specifically, you have the right to:

- Receive notice of our policies and procedures regarding your Protected Information;
- Request that certain uses of your Protected Information be limited; but we have the right to refuse your request;
- Access to your Protected Information; but the request must be in writing and may be denied in certain limited situations;
- Request that your Protected Health Information be changed;
- Obtain an accounting of certain disclosures by us of your Protected Health Information for the past six years;
- Revoke in writing any prior authorizations for use or disclosure of Protected Information, except to the extent that action has already been taken; and
- Request communications of your Protected Information are done by reasonable alternative means or at alternative locations.

Our Responsibilities

Federal law also imposes certain obligations and duties upon Foundation 2 with respect to your Protected Information. Specifically, we are required to:

- Provide you with notice of our legal duties and Foundation 2's policies regarding the use and disclosure of your Protected Information;
- Maintain the confidentiality of your Protected Information in accordance with state and federal law and Foundation 2's policies;
- Review your requested limits regarding the use and disclosure of your Protected Information and inform you if these restrictions will be used;
- Allow you to inspect and copy (You may be charged a reasonable fee.) your Protected Health Information in the presence of Foundation 2 staff as designated by Foundation 2

during our regular business hours pursuant to any legal restrictions. This access may be limited based on various factors including the type of information requested and if the information involves someone other than you;

- Act on your request to amend Protected Health Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension. Although this does not guarantee that amendment will occur. Foundation 2 will determine if the amendment is appropriate;
- Accommodate reasonable requests to communicate Protected Information by alternative means or methods; and
- Abide by the terms of this notice.

How Your Protected Information May be Used and Disclosed

Generally, your Protected Information may be used and disclosed for provision of services, treatment, payment, or as required by law. Protected information may be shared/forwarded in person, on the phone, by mail, fax, electronically or other available means. This includes a variety of areas:

Treatment Purposes

We may use or disclose your Protected Information for treatment purposes, including continuing care and case or care management. While receiving services from Foundation 2, it may be necessary for various personnel, including, but not limited to, physicians, mental health professionals, therapists, caseworkers and others involved in your services to have access to your Protected Health Information in order to provide you with appropriate services. This may include contract agencies with Foundation 2 or other entities you are working with or receiving services from. Specific examples include:

- Records and information may be shared with other Foundation 2 staff members for administrative or therapeutic purposes including supervision.
- To coordinate services among workers, foster parents and volunteers. Information is to be shared on a need to know basis. All workers, foster parents and volunteers must maintain confidentiality of the information received.
- When Juvenile Court is involved, records may be shared with Juvenile Court Officers. Information about a child may be shared with the child's Guardian ad Litem.
- In the event of a legitimate subpoena or court order for court appearance or release of records.
- In the event of medical emergency.
- The receipt of information that suggests child abuse, dependent adult abuse or neglect has occurred. Foundation 2 is legally obligated to report any such information to DHS.
- Under circumstances in which there exists a danger to yourself or others
- Auditors, including state or federal agencies, may review your records to evaluate program effectiveness.

Payment Purposes

Your Protected Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Information so that treatment and services provided by us may be billed and collected from you, your insurance company, DHS or another group. Bills

requesting payment will usually include information which identifies you, services received and supplies used. It may also be necessary to release Protected Information to obtain prior approval for services or to assess the type of services needed.

Facility Care Operations

Your Protected Information may be used for Foundation 2 operations, to ensure Foundation 2 provides the highest quality of services. For example, your Protected Information may be used for learning or quality assurance purposes. We may also remove information which could identify you from your record.

Emergency Use

If an emergency situation exists, and providing you with this notice is not feasible, we may use or disclose Protected Information to the extent necessary during the emergency.

Notification

Unless you have informed us otherwise, your Protected Information may be used or disclosed by us to notify or assist in notifying you, a family member, or other person responsible for your care. This may include appointment reminders such as postcards.

Communication with Family Members and Caregivers

With your permission, or by court or agency order, we will release Protected Information to a family member, relative or other person who is involved in your care to the extent necessary for them to participate in your care.

Research Purposes

In some instances, your Protected Information may be used or disclosed for research purposes. All research projects which use Protected Information are subject to a special approval process which will, among other things, evaluate the precautions used to protect medical information. In some cases, information which identifies you as receiving services will be removed.

Important Contact Information

This notice has been provided to you as a summary of how we will use your Protected Information and your rights with respect to your Protected Information. If you have any questions or for more information regarding your Protected Information, please contact Erin Langdon, HIPAA Compliance Officer at 319-362-1170.

If you believe your privacy rights have been violated, you may file a complaint with our office by contacting Erin Langdon, HIPAA Compliance Officer at 319-362-1170. You may also file a complaint with the Secretary of Health and Human Services by internet access at <http://www.hhs.gov/>. There will be no retaliation for the filing of a complaint.

Effective Date and Revisions

This notice became effective on April 1, 2003. Please note, we reserve the right to revise this notice at any time. Should we revise this notice; the revised notice will be posted at the local

office. In addition, a current copy of our notice of privacy practices may be obtained from a Foundation 2 employee.

Client Rights Check List

I have been presented with an opportunity to read and ask for clarification of Foundation 2's Policies regarding the following information:

Notice of Information Practices _____

Client's Rights _____

Grievance Procedures _____

Print Name

Signature

Date