



## **NOTICE OF INFORMATION PRACTICES (Revised 11.22.23)**

This notice describes how information about you, hereafter referred to as "Protected Information," may be used and disclosed, and how you can access this information. Please review it carefully.

### **Protected Information**

Protected Information refers to any data that can identify you, specifically relating to your medical care or payment for your medical care. This includes, but is not limited to, your medical history, treatment records, social history, and financial details related to services. Protected Information is safeguarded by state and federal law (<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>)

### **Your Rights**

Federal law grants you specific rights regarding your Protected Information. These include the right to:

- Receive detailed explanations of our policies and procedures.
- Request limitations on certain uses of your information, with the understanding that we may be unable to comply in some cases.
- Access your Protected Information, subject to certain conditions and potentially involving reasonable fees.
- Amend your Protected Health Information.
- Obtain a record of certain disclosures of your information.
- Revoke authorizations for information use, subject to certain constraints.
- Request communications via alternative means or locations.

### **Data Protection Measures**

Foundation 2 Crisis Services employs robust security measures, both digital and physical, to safeguard your Protected Information. These measures are regularly reviewed and updated to ensure the highest level of security.

### **Opt-Out Options**

You have the option to opt-out of certain uses of your information, such as marketing communications. Please contact us for details on how to exercise this option.

## **Contact Information for Privacy Concerns**

For any questions or concerns regarding your Protected Information, please contact our dedicated Privacy Officer, Drew Martel, at 319-362-1170 or [Dmartel@foundation2.org](mailto:Dmartel@foundation2.org)

## **Use of Third-Party Service Providers**

We may employ third-party service providers to process your Protected Information. These providers are contractually obligated to comply with our privacy standards.

## **Children's Privacy**

Special care is taken to protect the privacy of children's information, particularly for those under the age of 13, in compliance with relevant laws.

## **Cookie Policy and Online Tracking**

Our website may use cookies and other tracking technologies. Detailed information about these practices is available on our website.

## **Language and Accessibility**

This notice is available in multiple languages and accessible formats to accommodate diverse needs.

## **Retention Period of Records**

Your Protected Information will be retained as required by federal and state law as well as our internal policies, after which it will be securely **disposed of after a period of 7 years post encounter.**

## **Our Responsibilities**

We are committed to:

- Maintaining your information's confidentiality.
- Complying with legal and ethical standards regarding information use.
- Accommodating reasonable requests for information access and communication.

## **How Your Information May Be Used**

Your information may be used for treatment, payment purposes, or operational needs. Specific scenarios include:

- Emergency situations, where necessary information may be disclosed to provide care.
- Situations where we are legally obligated to disclose information, such as for public health purposes or in response to lawful requests.

## Effective Date and Revisions

This notice is effective as of April 1, 2003, and subject to revisions. The most current version will always be available at our offices and on our website.

## How to Request Your Health Records

At Foundation 2 Crisis Services, we respect your right to access your health records. To ensure the security and confidentiality of your information, we have established the following procedure for requesting your health records:

### 1. Initial Request Handling

- **Submit a Standardized Request Form:** Begin by completing our standardized request form (see below), which is designed to capture all necessary information such as your name, contact details, the specific records you are requesting, and your preferred method of delivery (e.g., email, postal mail).
- **Provide Verification Details:** Along with your request form, please provide basic verification details such as your **date of birth** and the **date of your last service with us**. This helps us ensure that we are retrieving the correct records. If known, please also denote which services you received (crisis line, youth shelter, mobile crisis, etc.)

### 2. Identity Verification

- **Written Request Requirement:** All requests must be accompanied by a written application. Please ensure that the application includes your signature, as well as the standardized request form (see below) which is essential for verifying your identity and the authenticity of the request.
- **Photo ID Submission:** Attach a copy of a valid photo ID (such as a driver's license or passport) with your application. This step is crucial for further verifying your identity.
- **Additional Verification Steps:** In certain sensitive cases, or if there's any uncertainty regarding the identity of the requester, Foundation 2 Crisis Services may require additional verification. This could include a follow-up phone call or an in-person verification step.

## How to Submit Your Request

Please submit your completed request form, along with the required identification and verification documents, through one of the following methods:

- **Email:** [Dmartel@foundation2.org](mailto:Dmartel@foundation2.org)
- **Postal Mail:** Drew Martel, 1450 Boyson Rd. Hiawatha, IA. Suite B5/B6, 52402
- **In Person:** 1450 Boyson Rd. Hiawatha, Suite B5/B6, 52402 – **Please call or email to schedule a time to drop off your request ([Dmartel@foundation2.org](mailto:Dmartel@foundation2.org))**

Upon receiving your request, we will process it promptly while ensuring the confidentiality and security of your information. If you have any questions or need assistance with the request process, please contact our administrative office at 319-362-1170

### **Patient Consent and Acknowledgment**

By continuing to use our services, you acknowledge that you have read, understood, and agree to these privacy practices. We provide options for you to explicitly consent to this notice.

### **Record Request Information (this information may be emailed, mailed or delivered in person):**

#### **Foundation 2 Crisis Service Health Records Request**

#### **Personal Information**

- **Full Name:** \_\_\_\_\_
  - **Date of Birth (MM/DD/YYYY):** \_\_\_\_\_
  - **Contact Number:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
  - **Current Address:** \_\_\_\_\_
- 

#### **Request Details**

- **Type of Records Requested (Please check all that apply):**
    - **Treatment History**
    - **Billing Information**
    - **Other (please specify):** \_\_\_\_\_
  - **Specific Dates of Service (if known/applicable): From:** \_\_\_\_\_ **To:** \_\_\_\_\_
  - **Purpose of Request (optional):**
- 

#### **Delivery Preferences**

- **Preferred Delivery Method:**
  - **Email (encrypted for security)**
  - **Postal Mail**

- **In-Person Pickup**
  - **Delivery Address/Email (if different from current address):**
- 
- 

**Identity Verification**

- **Please attach a copy of a valid photo ID (e.g., driver's license, passport).**

**Authorization and Consent**

**I hereby request the release of my health records as specified above. I understand that my information will be handled with the utmost confidentiality and in compliance with applicable laws and regulations. I confirm that the information provided in this form is accurate and complete to the best of my knowledge.**

- **Signature:** \_\_\_\_\_
- **Date (MM/DD/YYYY):** \_\_\_\_\_

**For Office Use Only**

- **Received By:** \_\_\_\_\_
- **Date Received (MM/DD/YYYY):** \_\_\_\_\_
- **Verification Completed: Yes [ ] No [ ]**
- **Comments:** \_\_\_\_\_