



NOTICE OF PRIVACY PRACTICES

(Updated 6.1.2026)

This notice describes how your Protected Health Information may be used and disclosed, and how you can access this information. **Please review it carefully.**

Protected Health Information

Protected Health Information is information that can identify you and relates to your health care, treatment or payment for services. This may include, but is not limited to, your medical history, treatment records, social history, and financial information related to services. Your Protected Health Information is protected by state and federal law.

Your Rights

When it comes to your Protected Health Information, you have certain rights. These include the right to:

- Inspect and obtain an electronic or paper copy of your Protected Health Information, as permitted by law. Reasonable fees may apply.
- Request an amendment or correction to your Protected Health Information.
- Request restrictions on certain uses and disclosures of your Protected Health Information. While we are not required to agree to all requests, we will comply when required by law.
- Request confidential communications or alternative methods or locations for receiving communications (for example, by mail, phone, or email).
- Receive an accounting of certain disclosures of your Protected Health Information.
- Obtain a paper copy of this Notice at any time.
- Revoke an authorization for the use or disclosure of your Protected Health Information, in writing.
- Receive additional information regarding our privacy practices and procedures.

How Your Information May Be Used

Your Protected Health Information may be used or disclosed for treatment, payment, and health care operations. Examples may include coordinating your care with providers, billing for services and improving the quality and operation of our services.

Your Protected Health Information may also be used or disclosed in situations permitted or required by law, including:

- Emergency situations where necessary information may be disclosed to provide care.
- Preventing or reducing a serious threat to the health or safety of any person.
- Situations where we are legally obligated or permitted to disclose information, such as for public health and safety purposes, reporting suspected abuse, neglect, or domestic violence, or in response to lawful requests.

- Health care operations activities, such as quality improvement, staff supervision, training, licensing, and compliance activities.

Certain uses and disclosures require your written authorization, including most uses and disclosures of psychotherapy notes, marketing purposes, and disclosures involving the sale of Protected Health Information. Uses and disclosures not described in this Notice will be made only with your written permission. You may revoke your authorization at any time in writing, subject to certain limitations.

Additional Protections for Substance Use Disorder Records (42 CFR Part 2)

Certain records related to substance use disorder treatment may be protected by federal law (42 CFR Part 2). These records generally may not be disclosed without your written consent unless the disclosure is otherwise permitted or required by law. Federal law also provides protections against the use of these records in criminal, civil, administrative, and legislative proceedings unless disclosure is authorized or required by law.

Our Responsibilities

We are required by law to maintain the privacy of your Protected Health information. We will notify you promptly if a breach of unsecured Protected Health Information occurs. We must follow the duties and privacy practices described in this Notice and provide you with a copy of it.

For more information about HIPAA privacy rights, visit:

[U.S. Department of Health and Human Services HIPAA Privacy Rights Information](#)

Filing a Complaint

If you believe your privacy rights have been violated, you may file a complaint by contacting:

Privacy Officer
Foundation 2 Crisis Services
305 2nd Ave SE
Cedar Rapids, IA 52401
319-362-1170
info@foundation2.org

You may also file a complaint with the U.S. Department of Health and Human Services for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [HHS Office for Civil Rights Complaint Portal](#).

We will not retaliate against you for filing a complaint.

Changes to the Terms of this Notice

We reserve the right to change the terms of this Notice, and the changes will apply to all Protected Health Information we maintain. The updated Notice will be available upon request, in our office and on our website.