

# **B.P.R. Therapy, Mediation & Coaching Services**

## Notice of Privacy Practices

*This notice describes how information about you may be used and disclosed and how you can get access to the information. Please review it carefully.*

### **Protected Health Information**

“Protected Health Information” consists of all individual identifiable information. This information includes demographics, for example name, address, email address, and relates to your past, present, and future physical or mental health or condition and related health care services. In addition, information regarding your medical history, treatment, social history and other issues including payment for services may be created or received. This identifiable information is protected by state and federal law or what is known as the Health Insurance Portability and Accountability Act.

### **Acknowledgment of Receipt of this Notice**

You will be asked to provide a signed acknowledgment of receipt of this notice. The purpose is to inform you of the uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, Bryan P. Range will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment and health care operations when necessary.

### **Your Rights**

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

- Receive notice of our policies and procedures regarding your Protected Health Information;
- Request that certain uses of your Protected Health Information be limited; but Bryan P. Range have the right to refuse your request;
- Access to your Protected Health 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 Health Information, except to the extent that action has already been taken; and
- Request communications of your Protected Health Information are done by reasonable alternative means or at alternative locations such as by e-mail.
- Receive a copy of this notice

### **My Responsibilities**

Federal law also imposes certain obligations and duties with respect to your Protected Health Information. Specifically, Bryan P. Range, M.A. is required to:

- Provide you with notice of our legal duties and his policies regarding the use and disclosure of your Protected Health Information;
- Maintain the confidentiality of your Protected Health Information in accordance with state and federal laws;
- Review your requested limits regarding the use and disclosure of your Protected Health 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 Bryan P. Range during scheduled 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. Bryan P. Range will determine in its sole discretion if the amendment is appropriate;
- Accommodate reasonable requests to communicate Protected Health Information by alternative means or methods; and Abide by the terms of this notice.

### **How your Protected Health Information may be used and Disclosed**

In general, uses and disclosure of your Protected Health Information will be made only with your written authorization. You may revoke this authorization at any time. Following are examples of the types of uses and disclosures of your protected health care information.

### **Treatment Purposes**

Bryan P. Range, M.A., may use or disclose your Protected Health Information for treatment purposes, including continuing care and case or care management. While receiving services from Bryan P. Range, 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 other entities you are working with or receiving services from. Specific examples include:

- Records and information may be shared with other mental health professionals for collegiate purposes (without the disclosure of any of your identifiable information) including supervision (which will consist of the disclosure of your identifiable information).
- To coordinate services among workers, probation officers, and any all significant others related to your case. Information is to be shared on a need to know basis. All professionals involved are held accountable to HIPPA Laws. Be advised that individuals such as family members are not.
- 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. Bryan P. Range is legally obligated to report any such information to DHS.
- Under circumstances in which there exists a danger to yourself or others

### **Payment Purposes**

Your Protected Health Information may also be used or disclosed for payment purposes. It is necessary for Bryan P. Range to use or disclose Protected Health Information so that treatment and services provided may be billed and collected from you, your insurance company, DHS or another group if necessary. Bills requesting payment will usually include information that identifies you, services received and supplies used. It may also be necessary to release Protected Health Information to obtain prior approval for services or to assess the type of services needed.

## **Health Care Operations**

Your Protected Health Information may be used in order to support the business activity of your physicians practice. These activities include, but are not limited to, licensing, marketing and conducting or arranging for other healthcare related activities. For example, Bryan P. Range may use a sign-in sheet at the registration desk where you will be asked to sign in your name. Bryan P. Range may also call you by name in the waiting room. Bryan P. Range may use or disclose your Protected Health Information to contact you to remind you of your appointment. Bryan P. Range may share your Protected Health Information with a third party that performs various activities (e.g., billing, transcript services) for the practice. Whenever an arrangement is met with Bryan P. Range's practice and a business associate involves the use or disclosure of your Protected Health Information, there will be a written contract that contains terms that will protect the privacy of your Protected Health Information.

Bryan P. Range may use or disclose your Protected Health Information, as necessary, to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. Bryan P. Range may also use the disclosure of your Protected Health Information for other marketing activities. For example, your name and address may be used to send you a newsletter about his practice and the services offered. Bryan P. Range may also send you information about products or services that may be beneficial to you. You can request that these materials not be sent to you at any time.

## **Required by Law**

Bryan P. Range may use or disclose your protected health information if the use or disclosure is required by law such as in legal proceedings in response to a subpoena. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

## **Law Enforcement**

Bryan P. Range may also disclose Protected Health Information for law enforcement purposes. These law enforcement purposes include (1) responses to legal proceedings, (2) limited information request for identification and location purposes, (3) identifying victims of a crime, (4) suspicion that a death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergencies believed to result from criminal conduct.

## **Criminal Activity**

Consistent with applicable federal and state laws, Bryan P. Range may disclose your Protected Health Information if he believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person

## **Emergency Use**

If an emergency situation exists, and providing you with this notice is not practicable, Bryan P. Range may use or disclose Protected Health Information to the extent necessary during the emergency.

## **Notification**

Unless you have informed Bryan P. Range otherwise, your Protected Health Information may be used or disclosed by Bryan P. Range 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 or telephone calls.

## **Communication with Family Members and Caregivers**

With your permission, or by court or agency order, Bryan P. Range will release Protected Health 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.

## **Special Circumstances**

The law specifically requires Bryan P. Range to use or disclose Protected Health Information in the following special circumstances:

### **Public Health Activities**

Bryan P. Range is required to use or disclose your Protected Health Information for public health activities and purposes. Examples of public health activities, which would warrant the use, or disclosure of your Protected Health Information include:

- Preventing or controlling disease, injury or disability;
- Reporting births or deaths;
- Reporting the abuse or neglect of a child or dependent adult;
- Health oversight agency for activities authorized by law
- Food and drug administration to report adverse events
- Reporting reactions to medications or problems with products; or
- Notifying individuals exposed to a disease who may be at risk for contracting or spreading the disease.

### **Specialized Government Functions**

Your Protected Health Information may be used or disclosed for a variety of government functions subject to some limitations. These government functions include:

- Military and veterans activities;
- National security and intelligence activities;
- Protective service of the President and others;
- Medical suitability determinations for Department of State officials;  Correctional institutions and law enforcement custodial situations; or
- Provision of public benefits.

### **Inmates**

If you are an inmate of a State or Federal institution or under the custody of law enforcement, Bryan P. Range may release medical information about you to the institution, law enforcement official or court, if this release is necessary 1) for the institution to provide you with healthcare; 2) to protect your health and safety, and/or the health and safety of others; or 3) for the safety and security of the correctional institution or agency.

## **Military Activity and National Security**

When the appropriate conditions apply, Bryan P. Range may use or disclose protected health information of individuals who are Armed Forces Personnel (1) for activities deemed necessary for appropriate military command authorities; (2) for the purposes of determination by the Department of Veterans Affairs of your eligibility for benefits; (3) to foreign military authority if you are a member of that foreign military service. Bryan P. Range may also disclose your Protected Health Information to authorized

federal officials for conducting national security and intelligence activities, including for the provision and protection services to the President and others.

### **Workers Compensation**

Your Protected Health Information may be disclosed as authorized to comply with workers compensation laws and other similar legal established programs.

### **Parental Access**

Some state laws concerning minors permit or require disclosure of Protected Health Information to parents, guardians, and other persons acting in a similar legal status. Bryan P. Range will act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.

### **Important Contact Information**

This notice has been provided to you as a summary of how Bryan P. Range will use your Protected Health Information and your rights with respect to your Protected Health Information. If you have any questions or for more information regarding your Protected Information, please contact Bryan Range at 319-331-5950.

If you believe your privacy rights have been violated, you may 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, Bryan P. Range reserves the right to revise this notice at any time. Should Bryan P. Range revise this notice, the revised notice will be posted on his website. In addition, a current copy of our notice of privacy practices may be obtained from Bryan P. Range.

## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices

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Print Name

Signature

Date

\_\_\_\_\_ Patient refused to sign acknowledgement

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Signature of Person Witnessing Refusal