



**1200 Valley West Drive, Suite 408
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Notice of Privacy Practices, HIPAA Statement

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully – the privacy of your health information is important to us.

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect **05/01/2014**, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Changes are effective for all health information that we maintain, including health information created or received before the date of the changes. You may request a copy of our Notice at any time.

Your Protected Health Information (PHI) is defined by the Health Information Portability and Accountability Act (HIPAA). Examples of PHI are: your name, address, phone numbers, health information, health insurance information, payment/billing information, etc.

Health information may be used and disclosed for treatment, payment and health care operations:

- ✓ Health information may be disclosed to a physician or other healthcare professional providing treatment to you
- ✓ Health information may be disclosed to obtain payment for services
- ✓ Health information may be disclosed for healthcare operations such as quality assurance and quality improvement activities
- ✓ Health information may be disclosed as defined by laws relating to child and dependent adult abuse
- ✓ Health information may be disclosed to the extent necessary to avert a serious threat to your health or safety or the health or safety of others
- ✓ Health information may be used to provide you with appointment reminders, such as voicemail messages, emails, or letters

Your rights with regards to your health information:

- ✓ You have the right to review and receive a copy of your health information, with limited exceptions
- ✓ You have the right to request limits on uses and disclosures of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency)
- ✓ You have the right to request alternative ways to communicate with you
- ✓ You have the right to receive a list of any disclosures of your healthcare information
- ✓ You have the right to a copy of this notice

Signature of Client/Guardian/Legal Representative

Date: