

Northstar Psychological Services, PLC

Notice of Privacy Practices, HIPPA 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.

OUR LEGAL DUTY

We are required by 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 much follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 4/14/2003 and we remain in effect until we replace it. We reserve the right to change our privacy practices and terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms for our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available on request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact Molly Q. Daniel, Psy.D. at Northstar Psychological Services, PLC at 515-225-6653 or 4401 Westown Parkway, Suite 109, West Des Moines, IA 50266.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The following categories describe ways that we use and disclose health information about you. Examples in each category are included, but not every use or disclosure in each category is listed; however, all of the ways we are permitted to use and disclose health information falls into one of these categories.

Treatment: We may use and disclose your protected health information to provide, coordinate or manage your healthcare or services. This may include the coordination or management of your health care with a third party that has already obtained your authorization to have access to your protected health information or another healthcare provider providing treatment to you.

Payment: We may use and disclose your protected health information so that the treatment and services you receive at this practice may be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, to determine whether your plan will cover treatment and for undertaking utilization review activities.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED ON YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may give us written authorization to use your health information or to disclose it to anyone for any purpose. You may revoke this authorization in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

To Your Family and Friends: We must disclose your health information to you, as described in the Client Rights section of this Notice. We may disclose your health information to a family member, close friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Your Care: Unless you object, we may disclose to a member of your family, a relative, close friend, or other person you identify, your protected health information that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosure to family or other individuals involved in your healthcare.

Emergencies: We may use or disclose your protected health information in emergency circumstances. We will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT

Required By Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose protected health information so long as applicable legal requirements are met, for law enforcement purposes. This may include events in which a crime occurs on the premises of Northstar Psychological, Services, PLC.

Criminal Activity: We may disclose your protected health information, consistent with applicable federal and state laws, if we believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials, health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or client under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders.

CLIENT RIGHTS

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the top of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and time. You may also request access by sending us a letter to the address at the top of this Notice. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee.

Restriction: You have the right to request that we place additional restrictions on our use of disclosure 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).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. This request must be made in writing. Your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing and must explain why your health information should be amended. We may deny your request under certain circumstances.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before 4/14/2003. You may request a shorter timeframe. If you request this accounting more than once in a 12 months period, we may charge you a reasonable cost-based fee for responding to these additional requests. The right to receive this information is subject to certain exceptions, restrictions and limitations.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices, or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the top and bottom of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not try to retaliate in any way if you chose to file a complaint.

Contact:

Molly Q. Daniel, Psy.D.
Psychologist/Owner Northstar Psychological Services, PLC
4401 Westown Parkway, Suite 109
West Des Moines, IA 50266
(515) 225-6653