



Notice of Privacy Practices

WHAT IS THIS NOTICE AND WHY IT IS IMPORTANT

This notice is required by law to inform you of how your health information will be protected, how our office may use or disclose your health information, and about your rights regarding your health information. The Notice covers all persons who are employed by this office. If you have any questions about this notice, please contact us at 515-246-3575.

UNDERSTANDING YOUR HEALTH INFORMATION

Each time you visit a physician, healthcare provider or hospital, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnoses, treatment and a plan for future care. Additionally, your medical record includes identifying information such as legal name, age, race/ethnicity, gender identity and preferred name and pronoun, if applicable. Information related to family mental health history and trauma, as well as the engagement of family members in the treatment process is also included if relevant to the treatment process. This information, often referred to as your medical record, serves as a basis for planning your care and treatment, for updating other healthcare professionals who treat you, for verifying accurate billing, and as a legal document of the care you receive.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights related to your medical and billing records kept by us:

Obtain a copy of this notice. You will receive a copy of this notice at your first visit. Thereafter you may request a copy of this notice from our receptionist.

Authorization to use your health information. Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure. Within this authorization you may request that certain information be redacted prior to release. Orchard Place reserves the right to deny requests that would significantly alter the clinical documentation and may instead offer alternative options such as a therapist generated summary or limiting the scope of the record release.

Access to your health information. You may request a copy of your health information from the receptionist at your next visit. We charge a nominal amount for the copies.

Amend your health information. If you believe the information we have about you is incorrect or incomplete, you may request that we correct the existing information or add the missing information. We reserve the right to accept or reject your request and will notify you of our decision.

Request confidential communications. You may request when we communicate with you, about your health information, that we use a certain mail address or phone number. We will make every reasonable effort to agree to your request.

Limit our use or disclosure of your health information. You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.

OUR RESPONSIBILITIES

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and business associates, and provide this notice about our privacy practices. We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice. The new notice will be posted in our waiting room, www.orchardplace.org and copies will be available from the receptionist.

For More Information or to Report a Problem

Please let us know if you have any questions about this Notice. Anyone who believes that Orchard Place has not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we have made about your rights should contact the President and CEO, 2116 Grand Avenue, Des Moines, Iowa 50312, Phone: 515-868-0190 who will assist you with your complaint.

We will not retaliate against you for filing a complaint nor will the care you receive at our office be impacted if you file a complaint. You may also send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg., 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, DC 20201.

Accounting of disclosures. You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment, or healthcare operations. Disclosures that we make with your authorization will not be listed. The first list you request within a 12 month period will be free. We may charge you for additional lists.

EXAMPLES OF THE USE AND DISCLOSE OF HEALTH INFORMATION

We will use your health information to facilitate your medical treatment. Information obtained by us will be recorded in your record and used to determine the course of your medical treatment. We will provide other healthcare providers involved with your treatment (e.g., specialists, anesthesiologists, therapists) with copies of various reports that may assist them in treating you.

We will use your health information to collect payment for health care services that we provide. A bill may be sent to you or your health insurance company that may include information that identifies you, as well as your diagnosis, procedures, and supplies used. In some cases, information from your medical record is sent to your insurance company to explain the medical necessity of your treatment.

We will use your health information to facilitate routine healthcare operations. When necessary we will use your health information to conduct audits, train staff, participate in quality studies and other activities designed to help us better our services.

We will use your health information to notify your family and friends about your condition. We may disclose to a family member, other relative, close personal friend or any other person you identify, relevant health information to facilitate the person's ability to assist in your care or make arrangements for payment of your care.

We may use your health information to inform persons about your death. We may disclose health information to funeral directors, coroners, and medical examiners consistent with applicable law to carry out their duties.

Appointment Reminders: We may contact you to provide appointment reminders.

Alternative Treatments: We may use your health information to provide you with information about the availability of alternative treatments.

Research: We may contact you about authorized research studies.

Workers compensation: We may disclose your health information to the extent necessary to comply with workers compensation laws.

As Required by Law: We will use and disclose your health information to comply with state and federal laws, which include reporting abuse or violence, responding to judicial or administrative proceedings, complying with audits, responding to law enforcement officials, reporting health and safety threats, reporting to public health authorities or other federal agencies.

Business associates: We may disclose the appropriate portions of your health information to our business associates so they can perform the job we have asked them. To protect your health information, however, we require all business associates sign a confidentiality agreement verifying they will safeguard your information.